

MIDDLE TENNESSEE CLINIC OF CHIROPRACTIC
301 S Main Street, Suite D
Goodlettsville, TN 37072
(615) 860-3660

OFFICE FINANCIAL POLICY

CASH

1. All patients are on a cash basis until their respective insurance coverage and deductible may be verified by our staff.
2. This office may make payment plan arrangements on an individual basis. Any such plan or arrangement will be discussed during your report of findings.

INSURANCE

1. If you have insurance, we will gladly accept assignment with the following exceptions and regulations, provided we have prior certification from your insurance company.
2. We accept assignment for the initial treatment plan only. Any follow-up visits will be payable when services are rendered. Once you have been discharged from active care and placed on maintenance care, we will continue to file your insurance but require full payment per visit.
3. We accept assignment as a courtesy to you; you are responsible for your entire bill should your insurance company not pay any of the anticipated charges for any reason. We are not a mediator between you and your insurance company and will not enter into any dispute with same, as your contract is between you and your insurance company.
4. Whenever you receive any worksheets from your insurance company or explanation of benefits, please bring this information into this office as soon as possible. We must have a copy of this to determine if proper payment has been made. If you should receive a check from your insurance company during our billing, you must bring it into the office upon receipt. If any over-payment exists after all insurance billing has been done, we will issue you an overpayment check-it will not come from your insurance company. All insurance payments, regardless of which company issues a check first, are applied to your account as long as any balance is due.
5. Any services not covered or coverage reductions by your insurance will be the patient's responsibility.
6. This office will resubmit a claim ONE TIME. We will not enter into any dispute with your insurance company. If coverage problems arise, you will be expected to assist directly in dealing with your insurance company, adjuster, or agent. Any denied or disputed claims will be treated as uncovered services and you will be expected to pay such charges on a timely basis.

7. In the event your account becomes delinquent, you agree to be responsible for any late fees that acquire from our office, along with attorney and/or collection agency fees that will be added to your unpaid balance.
8. If the patient is referred to another specialist or discontinues care for any reason other than discharge by the doctor, the bill is due and payable in full immediately; regardless of any claims submitted.
9. If you have questions concerning this or any other matter, please speak with the office manager or our insurance department prior to seeing the doctor.

It is understood this care is a highly specialized, unique and effective method of care. Knowing that 70% of the doctor's knowledge, expertise, time, and technical equipment will be utilized in the first three weeks of patient's care; 20% in the second phase, and 10% in the final phases of care.

Thank you.

I have read and understand the Financial Office Policy and agree to abide by these terms.

Patient's Signature