
STINE CHIROPRACTIC CLINIC, P.C.

SPECIALIZING IN CHIROPRACTIC ORTHOPEDICS AND SPORTS INJURIES
117 Redwood Drive Fredericksburg, VA 22408 (540) 898-4100

Larry L. Stine, D.C., F.A.C.O.
Board Certified Chiropractic Orthopedist

Christopher G. Stine, M.S., D.C.
Masters of Science, Doctor of Chiropractic

Financial Policies

Our mission is to provide the very best chiropractic care possible. One of the ways we accomplish this is to eliminate potential problems that may detract from the quality of our work. Therefore, we have developed the following financial policies:

Our office participates with many health plans. We will file claims with these companies. It is ultimately your responsibility for the full and timely payment of your account and to know the benefits and limitations of your current health care coverage.

Our office will attempt to verify your coverage and benefits prior to your visit with the doctor. This verification will be used to estimate your financial responsibility; however, this verification is not a guarantee by your health plan of coverage or payment. It is your responsibility to keep up with any maximum limitations that the insurance policy imposes. You may request a copy of your verification page at any time.

Any unpaid balance that your insurance company has not paid after 60 days will become your responsibility. Unless otherwise stipulated, the insurance contract is between the patient and the insurance carrier, not between the doctor and the insurance company.

All co-payment or balances determined by insurance **MUST** be paid at time of service unless a monthly payment arrangement has been set up to defer payments.

Co-Insurance (%) vs. Co-Payment (\$)

In an attempt to keep out of pocket costs as low as possible for all of our patients, we collect co-insurance at the time of service. The co-insurance is the percentage of the allowed amount your insurance carrier requires you to pay. A copay is a fixed dollar amount that is imposed per visit. Patients will be responsible for this amount each visit. This is not a guarantee that your insurance will only charge this amount to you. It is only our best estimate of the amount you will be responsible to pay.

Monthly Payment Arrangement

This option can be applied to out of pocket expenses including co-pays, co-insurance, deductibles, or non covered services. There is a one-time administrative fee to set up a monthly payment arrangement.

Please inquire with our front desk receptionist for more information.

Insurance

A current copy of the patients' insurance card is required in order to file claims. All services received prior to insurance verification or monthly payment arrangement must be **PAID IN FULL** at the time services are rendered.

If a claim can be submitted to your insurance carrier at a later day, and the insurance pays your claim, any over-payment will then be credited to the patients account.

Should your insurance carrier change during the course of treatment, it is the patients' responsibility to update their insurance information with the billing department. Any claims that must be resubmitted due to non - notification will incur an administrative fee of \$2.00 per claim filed.

Any delinquent patient balance will be turned over to our collections division if not paid within 60 days of the final insurance payment, accruing late fees, interest, and court costs. Please see attached contract sheet for further information.

Claims for Workers Compensation:

Patients must report the injury to the employer immediately after the incident, and you will need a claim number in order to file medical claims. Your employer may need to fill out information in order to submit claims to the insurance carrier. Workers compensation cases that are denied may then be submitted to health insurance carriers for payment, or be turned over to the patients cash balance. If you wish to appeal a denial, a monthly payment arrangement will be necessary in order to defer payment during appeal procedures.

THIS FORM MUST BE READ AND SIGNED IN ORDER TO RECEIVE TREATMENT

Claims for Personal Injury:

We will submit personal injury claims to the patient's auto insurance carrier (med pay), 3rd party insurance, or health insurance for treatment.

Due to the length of time it takes to settle personal injury claims; patients will be asked to schedule a monthly payment arrangement. Should patient payments and / or insurance payments result in any overpayment / credits to the account, a refund will be issued after the balance is paid in full.

See our personal injury fact sheet for more information.

Supports and Supplies

In order to deliver electric muscle stimulation in a sanitary manner to all of our patients, it will be necessary to purchase tens pads at the cost of \$10 per area of treatment. Tens pads *typically* last 3 months or 10-15 uses. It may be necessary depending on the prescribed treatment plan to purchase additional tens pads. Tens pads will **NOT** be billed to health insurance carriers.

In addition, Dr. Stine may recommend a support or supply that aids in the recovery of injuries. I understand should I decide to purchase said supports and supplies, my insurance carrier may determine that the support / supply prescribed for me is not medically necessary. Further, I agree to pay for this support / supply even if my insurance carrier decides it is not allowable. I will be credited any payment towards the support / supply that my insurance company remits.

Medicare Patients:

I understand that Medicare does not cover the following services when rendered by a chiropractor: exams, x-rays, ice or heat therapy, electric muscle stimulation, ultrasound, and supplies or supports recommended for my condition. The only service covered by Medicare is spinal manipulation as applied by a chiropractor.

Stine Chiropractic does not file secondary insurance claims; however, usually Medicare will forward the claim to the secondary insurance carrier for you.

Consent to Treat Minor

I hereby authorize Dr. Stine and any other staff member he may designate as assistants to administer chiropractic care as deemed necessary to my child for the course of my child's treatment.

Signature: _____

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and our fees for all services fall within the 50th percentile of usual and customary rates for our area as determined by Ingenix, the industry standard. You may be responsible for payment of services administered regardless of any insurance company's arbitrary determination of usual and customary rates.

Referrals

It is the patient's responsibility to obtain a referral when necessary from their primary care provider prior to treatment. I agree to pay in full for all services rendered without the required referral.

Patient Medical Record Requests

Stine Chiropractic Clinic requires five business days to fulfill your request for medical records; the fee for this service is \$10.00. For medical record requests that are required in less than five business days a \$20 fee is required. An additional \$5.00 will be charged per x-ray film copied.

Each payment that is declined or returned for insufficient funds will be assessed a non-refundable \$35.00 fee.

I have read Stine Chiropractic Clinic's Financial and Office Policies. By signing below I agree to all policies set forth by Stine Chiropractic Clinic, P.C. that applies to my account.

Signature of Patient

Date

Signature of Responsible Party