

FINANACIAL POLICY

PATIENT WITHOUT INSURANCE

We request that 100% of the first visit be paid at the time of the visit. On the other visits, payment may be made at the end of the week if you sign a credit guarantee for. We are happy to accept your check, check card or major credit card.

GROUP, INDIVIDUAL OR MANAGED CARE INSURANCE

We are participating providers for most insurance plans. When possible, we will call to verify benefits on your insurance. However, the benefits quoted to us by your insurance company are not guarantee of payment. Payments will be due by you at the time of service for any non-covered services, deductibles or co-pays. Our office completes and files the forms for you as a courtesy at no charge.

“ON THE JOB” INJURY (Workers Compensation)

If you are injured on the job, your care should be paid for under your employer’s Worker’s Compensation insurance. You will need to inform your employer of the accident and obtain the name and address of the carrier of their insurance. If your employer does not provide us with this information, if a settlement has not been made within 3 months, or if you suspend or terminate care, any fees and services are due immediately.

PERSONAL INJURY OR AUTOMOBILE ACCIDENTS

Please notify your auto insurance carrier of your visit to our office immediately. Notify our insurance department immediately if an attorney is representing you. Although **you are ultimately responsible** for your bill, we will wait for settlement of your claim for up to six months after your care is completed. Once the claim is settled or if you suspend or terminate care, any fees for services are due immediately. **If for some reason the payment from the attorney or insurance company for your services is sent to you, the patient, you are responsible to immediately bring or send the check to our office as payment for your care. Failure to do this will result in immediate court action.**

MEDICARE

We do accept assignment from Medicare. The check is usually sent directly to our office in payment of the services that Medicare will cover which for Chiropractors is **ONLY manual manipulation of the spine**. Medicare pays 80% of the allowable fee once the deductible has been met. You are required to pay the deductible and remaining 20% as well as any non-covered services. Our office completes and files the forms for Medicare as a courtesy at no charge.

SECONDARY INSURANCE

Please inform us of any secondary insurance you may have. We will assist you if you need help in filing.

I have read and understand the payment policy of Ewing Chiropractic, LLC. I understand that

my insurance policy is an arrangement between myself and my insurance company, Not between Ewing Chiropractic, LLC and my insurance company. I request that Ewing Chiropractic, LLC prepare the customary forms at no charge so that I may obtain insurance benefits. I also understand that if my insurance company does not respond within 60days, or if I suspend or terminate my schedule of care as prescribed by the doctor at Ewing Chiropractic, LLC that fees will be due and payable immediately.

Patient's Name (Please Print): _____ Date: _____

Patient's Signature: _____
(or Guardian if patient is Minor)