

# Morris Family Chiropractic - Payment Policy

1. **Insurance.** As a courtesy, we will attempt to verify Chiropractic benefits with your insurance company. A quote of benefits is not a guarantee of benefits or payment. If your claim processes differently from the benefits we were quoted, you are responsible for any remaining balance, at your insurance company's negotiated fee schedule. Many insurance companies have limits on how many visits/treatments they will allow per calendar year. It is your responsibility to keep track of this limitation. Knowing your insurance benefits is your responsibility. Contact your insurance company with any questions you may have.

We do our best to estimate your cost at the time of service based on your insurance company's negotiated fee schedule, therefore, you may owe a balance, or you may have a credit once all billing has cleared. Please be aware that the balance of your claims is your responsibility.

Your charges for services rendered are based on your insurance companies negotiated fee schedule. You are not responsible for any amount over the negotiated rates for services rendered. If you are uninsured, please ask us about a time-of-service discount.

2. **Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service. We will collect at the time you check out at the front desk. Failure to collect co-payments and deductibles from insured patients can be considered fraud, as they are part of your contract with the insurance company.
3. **Non-covered services.** Please be aware that some of the services you receive may be non-covered by Medicare or other insurers. You will be informed at the time of service as to which services are not covered, to the best of our knowledge. You must pay for these services in full at the time of visit (at the rate of your insurance company's negotiated fee schedule).
4. **Proof of insurance.** We must obtain a copy of your driver's license and current insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you will be responsible for the balance of a claim.
5. **Timely Filing.** It may take up to a year (or longer for Personal Injury claims) for billing to go through the entire system. We will do our best to inform you of any balance remaining on your account. Late payments are counted 4 weeks from the time you are sent a bill, not from the date of service.
6. **Refunds.** There are no refunds for treatment received. You may receive a refund on overpayments once insurance has cleared, or if there was a staff error.
7. **Nonpayment.** *If your account has a balance, you will receive a letter stating that you have 30 days to pay your account in full\*. Please be aware that if you make no payments toward your balance, we reserve the right to refer your account to a collection agency and/or terminate our relationship with you as our patient. \* Please contact us if you need to request a payment plan.*

I have read and understand the payment policy and agree to abide by its guidelines.

---

Patient's Printed Name

---

Signature of patient or responsible party

---

Date