

Austin Chiropractic Center, Inc.
 Paul D. Austin, DC, CCSP, DACNB
 262 S. McCaslin Blvd, Louisville, CO 80027
 303-665-5405

Necessary Paperwork Plan

DEFINITION:

This fee schedule is higher than the paperwork reduction plan, as necessary paperwork is inevitable. Charges are billed.....either to the patient, another party or an insurance company. Payment may be deferred or paid at the time that the services are rendered.

SERVICES PROVIDED:

Any documents that are needed for reimbursement or proof of medical necessity will be supplied to the patient or insurance company, including copies of medical records, diagnosis, completion of forms or questionnaires, writing of brief reports, Attending Physician Reports, and preparation of insurance bills, etc. at no additional charge.

COMPLEX NARRATIVE REPORTS:

These reports, as needed in litigation, are expected to be compensated by the party that requests the report. The terms will be agreed upon prior to the preparation of the report.

APPROVAL:

All parties to be billed, whether it is the patient, another party, or an insurance company, are subject to approval by the doctor or the Finance officer prior to acceptance for the Necessary Paperwork Plan.

WORKERS' COMPENSATION:

These charges are billed by the fee schedule set by the state.

INSURANCE COMPANIES REQUIRE PROOF OF MEDICAL NECESSITY:

Insurance companies demand examinations, (which result in objective findings acceptable to them), showing "medical necessity" for each visit, in order to CONSIDER payment for treatment. Therefore, they are charged accordingly for those special services.

Those who do not have insurance do not demand proof of "medical necessity". Because of this, they are not charged for special examinations to prove that they need treatment.

While it is true that a chiropractic exam is performed prior to an adjustment of the spine, this type of examination is not acceptable to insurance companies as proof of medical necessity for insurance reimbursement.

Insurance Fee Schedule Varies with Contract Rates

Initial exam	\$150.00-190.00
Spinal adjustment	\$ 60.00-80.00
Therapies	\$30.00-60.00

(Therapies include Myofascial Release, Intersegmental Traction, Therapeutic Exercises, Cold Laser, Neuromuscular Re-education, etc.)

Time of Service/Non-Ins. Fee Schedule

Initial exam	\$70.00-150.00
Spinal adjustment only	\$50.00
Therapies	\$10.00-15.00

Family Plan

1 st adult.....adj. only	\$50.00
2 nd adultadj. only	\$35.00
Child (under 17)...adj. only	\$30.00

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Group / Individual Health Insurance

Since most health insurance plans have a deductible, you must pay 100% of your charges until your deductible is satisfied. Once you have met your deductible, we will accept authorization for direct payment of benefits to this office. You must provide us a copy of your health insurance card.

This form must be signed by the insured and / or patient, dated, and the patient's portion completed. Upon receipt of this information we will contact your company to verify the eligibility of chiropractic benefits. All information provided to us by your insurance company, including any policy limitations or exclusions, will be discussed with you. Since most health insurance plans do not reimburse health care expenses at 100%, you may be assessed a small co-payment. **Co-payments are due at the time services are rendered.**

Patients selecting this option understand this office submits bills and awaits direct payment from insurance companies as a courtesy, and that it in no way relieves patients of their financial responsibility to this office. If your insurance company denies or delays reimbursement to this office for any reason, we reserve the right to demand immediate payment in full from you, the patient.

Monitoring any policy limitations is considered the responsibility of the patient.

I authorize all insurance companies, third party payers and attorney's to make direct payment of my benefits to Austin Chiropractic Center for all monies due my account for the services I have received. If my policy prohibits assignment, I direct my insurance company to mail all checks made payable to me, directly to Austin Chiropractic Center, at 362 S. McCaslin Blvd. Louisville, CO 80027.

Insurance Carrier

Effective Date

Patient / Authorized Signature

Date

Office Staff Signature

Date