

INSURANCE POLICY

We participate in the following insurance programs: Blue Shield, UPMC Health Plan, Medicare and PA Medical Assistance. Coverage for chiropractic care depends on your plan. We will assist you if you need help to find out the details of your coverage. If you have coverage through another plan, we will submit the necessary forms to your insurance company so that they can reimburse you for any covered services. This is done as a courtesy to you.

The submission of insurance forms is conditional on receiving all of the necessary insurance information to process claims. Because of privacy and HIPAA regulations you, the patient (subscriber), must qualify insurance policies and chiropractic benefits.

All deductible payments and co-payments are due at the time of service. If co-insurance payments are indicated on an Explanation of Benefits (EOB), the co-insurance is due at the time of notification. A **co-payment** is the amount an insurer may require to be paid per visit out-of-pocket by the subscriber. A **co-insurance** is a percentage amount of the office fee to be paid by the subscriber to the provider. A \$150 deductible, co-payment or co-insurance balance must not be exceeded by any patient.

This office will file claims for your primary insurer. We will provide a receipt and/or a copy of an EOB for you to submit to a secondary insurer.

The insurance policy is a contract between you, the patient (subscriber), and the insurer. If our office (the provider) has difficulty with your insurer we will require your assistance to obtain details and information.

There is no promise of payment by an insurance company made by this office. Any service not paid by the insurance carrier is due from you, the subscriber. As reimbursement rates and coverage policies tend to vary from month to month, we cannot be responsible for changes in your coverage.

It is the goal of this office to provide the finest quality chiropractic care possible. However, insurance policies accommodate only symptom care and corrective care. They do not cover maintenance care. Care beyond correction of posture or symptom care is frequently considered maintenance care by insurers. Care that is monthly is also frequently considered maintenance care by insurers.

Name _____ Plan _____

- "I understand that I am personally financially responsible for any deductible, co-payment, or co-insurance required by my insurance plan and that I am also responsible for non-covered services."
- "I understand that I am personally financially responsible for all services because Dr. Hrisak does not participate in my insurance program."

Signature _____ Date _____