

Family Chiropractic

Insurance Policies

Please Note: All "Health Insurances" are sickness insurance programs with a medical basis and bias: *they only pay for care to get you out of pain.* They do NOT pay for Chiropractic Restorative Care, Wellness Care or what they determine to be "maintenance care".

The adversarial relationship between health care practitioners and insurance companies has made the following policies necessary. We apologize for any inconvenience.

1. Be aware that insurance is an agreement between YOU and the company. WE are NOT part of that agreement. *Payment for ALL services provided is ultimately your responsibility.*
2. If we are a contracted provider with your insurance company, it may absolve you of some of this responsibility. We will personally go over those details with you before care is rendered.
3. As a Wellness Oriented practice, we have structured our fee systems to be non-insurance dependant. You may spend MORE out-of-pocket money by having us bill your insurance than you will if you pay cash. (With most insurance programs you can bill them yourself if you so desire.)
4. If we are a "Provider" for your insurance company, you must pay the co-payment dictated by them at the time of service or before.
5. If we are not a provider for your insurance company, you must pay our standard \$20 Co-payment for Chiropractic Adjustments at the time of service or before. All other services (extremity adjustments, scans, etc) will require an additional co-payment (usually 20-100% of the charges).
6. We MUST have a copy of your insurance card AND our form about your coverage that YOU have filled out on file BEFORE we will accept your insurance. This form MUST be filled out by CALLING YOUR INSURANCE COMPANY and going over the form with them IN ITS ENTIRETY. *IT IS NOT ACCEPTABLE TO COPY WHAT YOU THINK IS APPLICABLE FROM YOUR COVERAGE BOOK* as chiropractic coverage often varies from this.
7. We must be able to confirm that you have paid your deductible, if applicable, before your insurance will be accepted in lieu of full payment.
8. If your insurance company requests a copy of chart notes, a scan, scan report or clinical justification for a scan, these are all automated and can be provided free of additional charges. (We will absorb the fee for the time and copying). However, if they request a report beyond that, it takes away from the time the doctor can serve others and therefore there will be an additional fee involved that they typically won't pay.
9. We will re-bill and/or call them only ONCE. Then payment becomes YOUR responsibility.

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Insurance Verification

Note: Payment in full is expected at time of service until this form is completed and returned to us. You **MUST CALL** & complete this form over the phone with your insurance company.

My Name: _____

Primary Insured's Name: _____

Insurance Id. # & Plan #: _____

Name of Insurance Company: _____

Name of person I spoke to: _____

Phone Number of Company: _____

Date of call: _____

Does this Policy cover chiropractic care? Yes NO

What is the coverage for chiropractic care? (They will answer in terms of \$ limits or % per visit.) _____

What are the limits on the coverage? (\$ amount, # of visits or both) _____

What is the Co-payment? \$_____ or _____%

Is there a deductible with this policy? If so, how much? How much has been met? ____

Is Dr. Kasanoff a member of the provider network? Yes No

If no: Where can Dr. Kasanoff call about becoming a provider? _____

Does the policy cover therapies? Yes No Massage? Yes NO

Orthopedic Supports? Yes No Foot Orthotics Yes No

Can Chiropractors bill for Office Visits or must they use Chiropractic Adjustment billing codes? (circle appropriate response)

What is the billing address? _____

Are there other restrictions or limits? If so, what are they? _____