

Rasmussen Chiropractic Center for Wellness

Our Office Policy Regarding Insurance Assignment

Our office is pleased to accept your insurance assignment as soon as your exact coverage is verified by the responsible party. We will file your claim forms and assist you in every way we can.

However, it must be fully understood that the contract is between **YOU** and **YOUR INSURANCE COMPANY**. As stated by your insurance company in their disclaimer to this office, verification of your benefits is not a guarantee of payment. Nor is it a guarantee that your insurance company has provided the office with correct verification information concerning your benefits.

1. By taking your insurance on assignment, this office agrees to wait for payment. This courtesy may be withdrawn if circumstances warrant it.
2. If you discontinue care without the doctor's authorization, the balance of your account is due and payable in full immediately, even if your insurance has been filed. Upon receipt of insurance payment, any credit will be refunded to you if you have a zero balance.
3. **You must pay all deductibles, co-pays, and/or percentages at time of service.**
4. You are required to sign an "Authorization to Pay Physician" form and any other assignment documents required by your insurance company on your first office visit.
5. Our office does **NOT** guarantee that your insurance will pay. We will make every attempt to verify your benefits accurately. If your insurance company denies your claims, **you are responsible for the FULL amount of your bill.**
6. Our office will make every attempt to get your insurance claim paid; however, if we cannot do so, it is your **responsibility and obligation** to make sure the claim is paid since the contract is between **you** and **your insurance company**.
7. Some insurance companies require treatment approval. Some have an annual visit limit. If your visits are **NOT** approved or you have reached your visit limit, you will be financially responsible for your treatment.
8. We do **NOT** discount Durable Medical Equipment. Therefore, you are responsible for 100% of the cost. (If your insurance company pays a portion, you will be refunded the portion that they pay. We do not write off any portion of your cost for Durable Medical Equipment.) i.e. pillows, braces, tens units.
9. Sometimes your treatment may require doing **periodic examines** and **extra therapies** that your insurance contract does not cover. **If they have a limit on coverage that does not allow for needed care, you are responsible for this cost.** The doctor will discuss this with you prior to receiving treatment.

If you understand and agree with all of the above office policies, please sign your name below.

Patient/Guardian

Signature _____ Date _____