

**INSURANCE/FINANCIAL AGREEMENT**

**We encourage you to call your insurance company to learn about the coverage you have for chiropractic.**

This can be done by calling the phone number listed on your insurance card. We have some basic information about various plans, but do not have full knowledge of all the details concerning your particular plan. It is possible that you may need a referral from your medical doctor or that you have a maximum number of visits per year or that you have a certain dollar amount maximum per year that you company will pay. **It is your responsibility** to keep track of this information with the Explanation of Benefits that you will receive from your insurance company. If you have any questions, please do not hesitate to call our insurance department.

**PAYMENT OPTIONS: (PLEASE INITIAL)**

\_\_\_\_\_ **MEDICARE:** Medicare claims will be submitted once each month. SFC, LLC does not submit to supplemental insurance, but I may try to set up an automatic crossover with Medicare.  
**\*\* Note: Medicare does not cover exams, modalities or x-rays.**

\_\_\_\_\_ **MEDICAID:** There is a \$1.00 co-insurance per visit to be paid by me. Thirty visits are allowed in a 365-day rotation. Any visits over this would not be covered by insurance, thus making me responsible for incurred charges. **\*\*Note: Medicaid does not cover modalities.**

\_\_\_\_\_ **Major Medical Insurance/ Managed Care Plans:** Payment is required until deductible has been met, then co-payment or co-insurance each visit.

\_\_\_\_\_ **Worker's Compensation/Auto Accidents:** Claims will be submitted to the proper worker's compensation/auto insurance company (ies).

There will be no interest or penalty added to my account as long as I am current with the statement agreed upon above. I understand that if I do not make a regular payment, interest will be added at a rate of 1.5% monthly. (18% annually) on any outstanding balance. (\$1.00 monthly minimum). **Continued delinquency may result in collection procedures.**  
**\*\*\*\*\*All returned checks are subject to a \$30 returned check fee.\*\*\*\*\***

We at Sioux Falls Chiropractic know that health care can be expensive. We are here to provide you with excellent conservative care options at a reasonable price. Chiropractic care has been proven by cost based studies to be extremely economical compared to equivalent care at a medical facility. It is always nice to know your coverage up-front. If your plan is limited, **we do have cash discount and payment plan options available.**

**INFORMED CONSENT:** Although strokes happen with some frequency in our world, strokes from chiropractic adjustments are rare. I am aware that nerve or brain damage, including stroke is reported to occur once in a million to once in ten million treatments. (Once in a million is about the same chance as getting hit by lightning. Once in ten million is about the same chance as a normal dose of aspirin or Tylenol causing death.)

I authorize Sioux Falls Chiropractic doctors and staff to contact me regarding my care at this facility whether I am an active patient or inactive patient.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REGARDING INSURANCE/MEDICAL RECORDS**

1. Your claims will be filed once per month, unless resubmissions apply.
2. Our office does not guarantee your insurance will pay. If for some reason your insurance claim is denied, we will provide any additional information to help you with your dispute. (We will not directly dispute with your insurance company).
3. I hereby authorize Sioux Falls Chiropractic, LLC to release any and all medical records (upon request) to my insurance company and/or my attorney.
4. I understand if Insurance denies any services I will be ultimately responsible for payment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_