

Health Goals Chiropractic Center

Financial Policy

Your optimum health is our greatest concern. Therefore, it is important to us that we help you understand our office policy.

Prepayment is expected at the time service is rendered, unless arrangements have been made with our Office Manager. After the initial examination and consultation, if frequent treatments are necessary; patients may be eligible to use their insurance to assist with payment for services. Please refer any questions you may have regarding services or fees to the Office Manager. In the event that the fees for care would present an excessive and undue financial burden, please inform our Office Manager.

Your health is our primary concern, and special considerations may be made at the Office Manager's discretion.

Please mark the payment option (at the right) which you would prefer and sign below to indicate that you have read and understand this financial policy.

Patient Signature

Date

Fee Schedule

Initial Examination & Consultation	\$135.00
Chiropractic Adjustment Visit	\$50.00
Senior Citizen Office Visit / Medicare	\$45.00
Re-examination / Update (required if more than 6 months since last treatment or a new area of complaint)	\$75.00
Therapeutic Exercise Prescript /Inst. (30 min)	\$30.00
Physical Therapies	\$30.00
Electrical Stimulation, Ice/Heat	
Ultrasound / Galvanic	
Extremity Adjustment	
Massage (per 20 min.)	\$22.00
Required for Auto / Workers Comp Injury:	
Comprehensive Exam – New Patient	\$170.00
Comprehensive Exam – Established Patient	\$150.00
Comprehensive Re-examination	\$100.00
Modalities / Therapies	\$35.00
Therapeutic Massage (per 20 min.)	\$35.00
OTHER:	
Orthopedic Supports	As priced
Fitness Evaluation	\$75.00
Nutritional Profile (computerized)	\$150.00
After Hours Office Visit	\$65.00
Sunday / Holiday Office Visit	\$75.00

*For those patients who have chosen one of the personal payment options, the fee for physical therapy will be complimentary when performed in conjunction with a chiropractic adjustment
Prices are effective 12/08/2003.*

Payment Options

For your convenience, we offer a number of payment options to pay for the quality health care you receive in this office. Our staff is available to help with your insurance questions.

Personal Payment

A fully itemized receipt, containing all of the information required by most insurance carriers, will be provided upon payment.

- 1. Cash or Personal Check**
There is a \$25 bank fee for returned checks.
- 2. MasterCard, Visa or Discover**

Insurance

- 1. Participating Provider**
We are participating providers with:
 - Blue Cross / Blue Shield
 - US Healthcare / Aetna
 - Private Health Care Systems
 - Inter Group
 - AmeriHealth/Personal Choice

You will be responsible for ALL REFERRALS, DEDUCTIBLES AND CO-PAY. Please call your insurance company to verify benefits.
- 2. Group or Private Health Insurance**
Benefits may be assigned to the doctor's office during a 90-day period of intensive care – once deductible and co-payment provisions have been verified and met. Co-payment is due at time of service.
- 3. Automobile Accident, Personal Injury**
If your treatment in this office is related to injuries sustained in an auto accident, benefits may be assigned to the doctor's office. Deductible and co-payment may be processed through your private insurance carrier if you provide us the necessary information.
- 4. Worker's Compensation**
If your treatment in this office is related to injuries sustained in an accident which occurred in the course of your employment, benefits may be assigned to the doctor's office – once a signed treatment authorization from your employer has been obtained.
- 5. Medicare**
We are not participating Medicare providers; therefore, patients with Medicare coverage must pay for services rendered at each visit. Our office automatically submits your claims to Medicare at the end of each month.