

## FLORA CHIROPRACTIC & SPORTS CLINIC

315 NE Kirby St. McMinnville OR 97128  
(503) 472-2111 ♦ Fax: (503-434-5886  
[www.drtimeflora.com](http://www.drtimeflora.com)

### FINANCIAL POLICY

PATIENTS WITHOUT CHIROPRACTIC INSURANCE: In order to help patients that do not have Chiropractic insurance coverage, a discount can be applied to the days charges if payment is made at the time of service and the patient maintains a \$0 balance on the account.

PATIENTS WITH CHIROPRACTIC INSURANCE: As a courtesy, we will call to verify patient's basic Chiropractic insurance benefits. We do ask that if patients need to know what the benefit is before their first visit that they either provide us with the insurance information 3 - 4 days prior to the initial visit or call their insurance company to make sure they understand their in and out of network Chiropractic benefits. Benefits quoted to us by insurance company are not a guarantee of payment. We ask that co-pays are paid at the time of service or patients may choose to pay accumulated co-pay's once per week. If patients have a deductible that has not been met we ask that they pay in full at the time of service. We will bill insurance for proper deductible credit.

SECONDARY INSURANCE: As an added courtesy, we will bill secondary insurance. Please provide all insurance information at the time of your first visit.

TIME OF SERVICE DISCOUNT: In addition to offering a time of service discount to our patients without Chiropractic coverage, we will also offer the same discount to patients whose insurance coverage has been exhausted for their benefit period. If patients choose this option they must pay at the time of service and maintain a \$0 balance on their account. We will discontinue billing the insurance at that time until the next benefit period begins.

ACTIVE RELEASE TECHNIQUE (ART®): Our Doctors are certified in Active Release Technique. This is a completely different form of treatment than Chiropractic manipulation. If your doctor finds that you would benefit from ART® please be aware that some insurance companies do not cover it. If you would prefer to NOT have this treatment please inform the doctor directly. For more information on this valuable soft tissue treatment, please read the ART® information flyer.

ORTHOTICS & OTHER SUPPLIES: Most insurance companies do not cover Orthotics or supplies. For this reason we ask that these are paid in full at the time of service. If the patient has informed us that they have coverage for these we will bill the insurance company and the patient will be refunded the amount the insurance covered.

ON THE JOB INJURY (WORKMAN'S COMPENSATION): If injured at work, patients will need to inform their employer and fill out an 801 form at work to start their claim. It is very helpful if patients can bring a copy of the 801 form to the first office visit. All charges will be billed to the Workman's Compensation insurance with no financial responsibility to the patient unless the claim is deemed non-work related. At that time, the account balance will become the patients full responsibility.

PERSONAL INJURY OR AUTOMOBILE ACCIDENT: Patients need to notify their personal auto insurance immediately regarding their visit to our office. Due to Oregon being a no fault state, all charges will be billed to your personal auto insurance who will obtain payment from the responsible party's insurance. If the claim is denied, the patient will be responsible for the balance of the account.

MEDICARE: We accept Medicare assignment. Medicare will cover 80% of the allowable fee for manipulation of the SPINE ONLY. They do not cover exams or any additional therapies or supplies. 20% co-insurance is due at the time of service unless other arrangements have been made with our billing department

MEDICAID & OREGON HEALTH PLAN: Medicaid and the Oregon Health plans do not have coverage for Chiropractic services.

MISSED APPOINTMENTS / LATE CANCELLATIONS: We kindly ask for 6 hour notice for all cancellations, but do however understand that emergencies can sometimes arise. We reserve the right to charge for late cancellations or missed appointments. Excessive missed appointments or late cancellations will result in a \$25.00 fee to the patient.

RETURNED CHECKS: All returned checks will be subject to a \$15.00 processing fee.

PAYMENT OPTIONS: We accept cash, check, debit, Visa and Master Card. Payment plans can be set up on a case by case basis with the billing department.

Feel free to contact our billing department with any questions.

I have read and understand the above financial policies.

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Patient/Guardian (Please Print)

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Date

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Patient/Guardian Signature