

THOMAS M. CAWLEY, D.C., C.C.S.P.

FINANCIAL POLICY

DEAR PATIENT:

Thank you for choosing us as your chiropractic healthcare provider. We will make every effort to meet your healthcare needs. As part of our service we try to contain the ever rising cost of healthcare. In an effort to do this, we have implemented a financial policy. We request that you carefully read and sign this policy.

1. All patients must complete our patient history and any insurance forms before seeing the doctor.
2. Full payment is due at the time of service.
3. We accept cash, checks, or Visa, Mastercard or American Express.

REGARDING INSURANCE

Not all services are a covered benefit in all insurance contracts. Some insurance companies and/or employers arbitrarily select certain services that they will not cover.

MEDICARE: We participate in the Medicare program. You are responsible for your Medicare deductible and for 20% of the Medicare assigned fee. This is to be paid at the time of service. For any non-covered procedures the fee is payable at the time of service.

MANAGED CARE PLANS: You must check your insurance coverage to make sure you have covered benefits for chiropractic care. If needed, you must bring a referral to the office from your primary care physician along with a valid insurance card. All co-pays and deductibles are due when services are rendered.

OTHER INSURANCE PLANS: Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. You are responsible for payment regardless of any insurance's arbitrary determination of usual and customary rates. We require that any deductible and co-insurance be paid at the time of service. We also require that any non-covered procedures be paid at the time of service. If your insurance does not accept assignment, we require payment in full at the time of service.

SECONDARY INSURANCE: We do not bill for secondary insurance as a rule. This is your responsibility. We will continue to process MEDIGAP insurance and exceptions for certain situations.

RETURNED CHECKS: A fee will be applied to your account and only cash or money order will be accepted to settle your account.

DELINQUENT ACCOUNTS: In accordance with accepted standards pursuant to New Jersey guidelines, there will be a 6% interest fee applied to your balance per month if your delinquent account goes to collection.

THANK YOU FOR UNDERSTANDING OUR FINANCIAL POLICY. PLEASE LET US KNOW IF YOU HAVE ANY QUESTIONS OR CONCERNS.

I have read this financial policy. I understand and agree to it.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date