

Lynch Chiropractic and Chronic Pain Solutions

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Patient Financial Responsibility

Thank you for choosing Lynch Chiropractic and Chronic Pain Solutions (LCCPS) as your healthcare provider. We are committed to providing you affordable and quality care. We ask that you read and sign this form to acknowledge your understanding of our financial policies. The following information is provided to avoid any misunderstanding or disagreement concerning payment for the professional services rendered by LCCPS.

We participate with many insurance companies and, as a courtesy to our patients, will verify your benefits and process your claim for reimbursement per your request. We will process your claim regardless of whether we participate with your insurance carrier or not. We request your insurance information at the time of your visit so that we can obtain a breakdown of benefits from your carrier(s). Any information given by your insurance company is **strictly an estimate of benefits. Your insurance company will not guarantee any payment amount until a claim has been filed. We cannot be held responsible for incorrect information given by your insurance carrier.** The CoPayment, CoInsurance, and/or deductible payment requested at the time of service is derived from information given by your insurance carrier.

Your Financial Responsibilities

Insurance Participation: LCCPS participates with many insurance plans, and we file insurance claims daily on behalf of our patients. It is your responsibility to:

- Bring your current insurance card and photo ID.
- Be prepared to pay your co-payment at each visit. We accept cash, check, Mastercard, Visa, Discover and Care Credit.
- Make payment in full at the time of the visit for medical care not covered under your insurance plan.

Non-Participation: If you have insurance which LCCPS does NOT participate, our office is willing to file your insurance claim as a courtesy; you agree to pay for all services in full at time of service, including but not limited to those charges above your insurance company's usual and customary allowance at the time of service. If your insurance company pays us directly for services rendered at LCCPS and you do not have an outstanding balance, we will notify you and forward the reimbursement to you. You will also be aware if a reimbursement is made on your behalf when your insurance company sends you a Remittance Advice or an Explanation of Benefit.

Self Pay: Self-pay accounts are for patients without insurance coverage. Extended payment arrangements are available if needed. Please ask to speak with Lisa or Terry to discuss a mutually agreeable payment plan prior to receiving services. Please be aware that certain services and products are cash only. You will be notified of these in advance. No fee will be incurred until all fees are explained.

Motor Vehicle Accident (MVA) and Third-Party Billing: We do not do any third-party billing. Our relationship is with you and not with the third-party liability insurance (auto, homeowner, etc.) It is your responsibility to seek reimbursement from them. However, at your request, LCCPS will submit a claim to your primary health insurance carrier.

If you choose to receive treatment due to an auto injury you received and you would like to use your Med-Pay on your personal automobile insurance policy, our office may accept assignment depending upon whether your automobile insurance company allows an Assignment of Benefits. An Assignment of Benefits will have your automobile insurance company pay Lynch Clinic of Chiropractic, P.C. directly as reimbursement of services you received due to your auto injury.

Records Requests: If a Patient or a Third-Party Billing Company requests records, LCCPS has a \$10.00 search and handling fee plus a \$0.50 per page fee for each page up to 50 pages and \$0.25 a page thereafter for copies from paper, plus postage and shipping costs as stated in Section 8.01-413 of the Code of Virginia (1950).

Delinquent Accounts: Our practice reserves the right to charge interest of 1.5% per month (18% per annually) on any amount 30 days past due. Any collections, court cost or attorney's fees will be charged to the patient's account if collection procedures are required to satisfy an amount owed to this office.

Minor and Guardianship: You, the patient (or patient's guardian, if a minor <18 years) are ultimately responsible for the payment for services that you or your minor child receive at LCCPS. The parent, guardian, or unaccompanied minor is responsible for bringing the insurance card and making any payment due at the time of service.

Miscellaneous: You will be responsible for the payment of additional charges, such as (but are not limited to):

- Charge for returned check(s)
- Charge for extensive phone consultations and/or after-hours phone calls.
- Charge for the copying and distribution of your medical records as stated above in the Records Request.

Any financial arrangements are to be determined prior to services rendered.

Agreement

By my signature below, I acknowledge I have read and understand my financial responsibilities. I understand that I am financially responsible for any charges at the time of service and also any coinsurance or charges not covered by my health insurance company. I understand that all payments are due to **Lynch Chiropractic and Chronic Pain Solutions** at the time services are rendered, except when prior arrangements are made. All bills are due and payable in full. All fees are based upon individual services rendered, and may vary from visit to visit depending upon the doctors specific recommendations.

My signature verifies my understanding:

Signature (patient/guardian)

Date

Print Name

Date of Birth