

**Ford Chiropractic, Inc.**  
**1304 North Main Street – LaFayette, GA 30728**

Welcome to our office! We are happy you have chosen Ford Chiropractic for your healthcare needs. Your health is your greatest asset and therefore one of the best things you can invest in financially.

**YOUR FIRST VISIT...**

All services rendered during the first visit **MUST** be paid for at that time. Whether you have insurance coverage, Medicare coverage or no coverage at all, you may pay by cash, check or credit card. If your insurance has not been verified by our office, you will be on a “cash” or “non-insurance” basis until coverage has been confirmed. If this results in an overpayment, we will credit your account or reimburse you when our office receives final payment from the carrier and care has been completed.

**MANAGED CARE POLICIES (PPO, HMO, etc.) AND MEDICAL INSURANCE...**

If you have a managed care policy or medical insurance that Dr. Ford is contracted with as a participating provider, you are responsible for all co-payments and non-covered services. Patients seeing the doctor for more than one visit per week are encouraged to make payment for all co-pays and non-covered services at the beginning of the week. This coverage is usually subject to the deductible and/or percentage co-pay (see below).

**DEDUCTIBLE POLICIES...**

We gladly accept insurance assignment if the insurance company, 1) Verifies the deductible has been met, 2) Provides details of the available coverage, and 3) Agrees to make payment directly to our office. It must be understood by you, the patient, insurance is an agreement between the patient and the insurance company. The agreement is not between the insurance company and Ford Chiropractic, unless we are in contract with your insurance company. In every case, the patient or their guardian is ultimately responsible for all fees with the exception of contracted deductions, in which Ford Chiropractic has agreed with your insurance company to take. In other words, if your insurance deductible has not been met, if your insurance company gives us the wrong information or if your insurance company just fails to pay for any reason, you are ultimately responsible.

**TIME OF SERVICE PAYMENT (NON-INSURANCE)...**

A “time of service” discount is given for patients who choose to pay in full at the time services are rendered when not using health insurance or for patients that file their own insurance.

**MEDICARE...**

Ford Chiropractic does **NOT** accept assignment with Medicare; however, we do file the charges to Medicare for you. Medicare allows 12 adjustments per year. Medicare does **NOT** cover Exam, X-Rays or Therapies. Medicare reimburses the patient directly when the service is approved. Medicare patients must pay for all services rendered at the time of service

**PAYMENT PLANS...**

Minimum payment required for our payment plan is \$40 per week or \$160 per month. Payments must continue until the entire balance is paid in full (even if you are no longer under active care). If you choose to participate in a payment plan, we will need to obtain a credit card number or blank check to keep on file. These will only be used if you fail to make your regularly scheduled payment.

**CARE CREDIT...**

Ford Chiropractic offers an alternative to the “in-house” payment plan through Care Credit (funded by GE Money Bank). Care Credit is a financial service that can be used at all participating physicians’ offices and most of the time, you can pay your balance with 0% interest. Please ask about applying for Care Credit if you are interested and we will provide you with an information packet.

**PAST DUE ACCOUNTS...**

Delinquent accounts will be sent to a collection agency that reports to major credit bureaus after we have exhausted all attempts to collect the balance.

**AFTER HOURS / EMERGENCIES...**

Emergency care after hours, on weekends or holidays is available. Please be aware that after hours calls are subject to additional charges and may not be covered by your insurance company. These charges are in addition to the services rendered and you, the patient will be solely responsible for payment.

<b>Description of Service</b>	<b>Insurance</b>	<b>Non-Insurance</b>	<b>Medicare</b>
<b>Exam</b>	\$60.00	\$40.00	\$40.00
<b>X-Rays (per region: cervical, thoracic, lumbar, or extremities)</b>	\$40.00	\$40.00	\$40.00
<b>Adjustment</b>	\$35.00	\$35.00	\$25.00
<b>Adjustment of Extremities (wrist, shoulder, knee, ankle, jaw)</b>	\$30.00	\$5.00	\$5.00
<b>Therapy (E-stim, Ultrasound, Hydrotherapy, Spinalator)</b>	\$20.00	\$5.00	\$5.00
<b>Spinal Decompression</b>	\$25.00	\$25.00	\$15.00
<b>Trigger Point Therapy (massage)</b>	\$20.00	\$10.00	\$10.00
<b>Home Exercise Programs</b>	\$25.00	\$5.00	\$5.00

I have read, understand and agree to the above stated policies of Ford Chiropractic, Inc.

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Patient Signature

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Date