



# FORTIER CHIROPRACTIC HEALTH CARE

“Life Without Limits”

Dr. Seth A. Fortier • 220 Ellsworth St. SW • Albany, OR 97321 • Ph.(541)926-0510 • Fax(541)926-5540

## PATIENT FINANCIAL POLICY

The goal of Fortier Chiropractic Health Care is to render care within our realm of expertise to stimulate your innate ability to heal. We will always give 100% of our energy to accomplish this and will do our best to prevent financial constraints from interfering with your ability to receive this care.

To prevent misunderstandings about the financial aspects of care, the following discloses our financial policy.

### PATIENTS WITH HEALTH INSURANCE COVERAGE

During your visit with us, we will verify your insurance coverage to see if chiropractic (and if necessary, out-of-network) care is covered and any limitations that exist. We will explain this to you, and then bill the insurance for the services provided. You are expected to pay your “co-pay” or the portion that your insurance doesn’t cover **on the date of service.**

If, for some reason, your insurance does not pay for a particular visit, those charges are then your responsibility. It is therefore prudent for you to understand your insurance policy and contact your insurance promptly with any questions or problems. However, we do reserve the right to no longer bill your insurance company, if that company is unreasonably hard to work with.

### PATIENTS PAYING OUT OF POCKET/ “CASH” PATINETS

Cash, checks, and credit cards are accepted and payment is expected at the time of service. In this case, we offer a “date of service discount” of 45%, due to the reduced administrative cost and handling. However, this does not include supplies or supplements. Legally, we can only grant this discount if the patient pays **prior to or on the day** of service.

If you are unable to pay at the time of service, we will be unable to give you the 45% discount and you will be charged the full price due to the administrative costs and handling of your account.

For a further discount, do not hesitate to ask about our discount pre-payment plan. **(H.M.A)**

### PATIENTS WITH AUTO/WORKER’S COMPENSATION CLAIMS

For patients under care relative to an automobile accident or injured on the job, insurance will cover the cost of care in nearly all cases. We are required to bill *your* auto insurance (or the insurance of the driver of the vehicle in which you were riding) or your WC insurance. Nutritional supplements and some orthopedic equipment, if recommended, are typically not paid for by insurance and are the patient’s financial responsibility.

If and when your insurance discontinues paying for your treatment, **you are then responsible for payment** of your care. If necessary, a monthly payment plan may be arranged. If you decide to get legal aid, we will hold payment until settlement of your claim as long as you are using one of the attorneys we strongly recommend.

### OUTSTANDING BALANCE POLICY

Patients will receive a monthly fee of \$5 if their account has a balance that is 90+ days overdue and no payments are being made on it. Overdue accounts will not receive this fee if regular payments are being made to the account. If no payment is made after 180+ days, we unfortunately will need to send the account to collections. Please speak to the office manager, if you have any concerns regarding this policy.

*\* I have been informed of and understand this financial policy and agree to its terms. I understand that unless specific arrangements are made with Fortier Chiropractic Health Care, I am responsible for any balance acquired on this account. I understand that if I discontinue care, all charges are due and payable immediately.*

\_\_\_\_\_  
Patient’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient’s Printed Name