

# The Bolick Clinic

**Dr. Channing C. Bolick**  
**Chiropractic Physician**

**500 E. Horatio Ave.**  
**Maitland, FL 32751**

## *Office Financial Policy*

Purpose: To provide a clear explanation of our financial policies in advance so that we may better serve you the patient and to prevent any upsets over financial concerns.

### CASH

1. All patients are on a cash basis until their respective insurance coverage and deductible may be verified by our staff.
2. This office may make payment plan arrangements on an individual basis. Any such plan or arrangement will be discussed during your report of findings.
3. We do NOT bill patients if we are forced to bill you a billing service fee of \$5.00 per bill mailed will be assessed.
4. All sales are final on vitamins, supplements, orthotics, all equipment and any special orders.

### INSURANCE

1. If you have insurance, we will gladly take assignment in most cases with the following exceptions and regulations, provided we have prior certification from your insurance company. There are additional guidelines that apply to patients on Medicare or other Federally reimbursed programs.
2. We accept assignment as a *courtesy* to you; you are responsible for your entire bill should your insurance company not pay any of the anticipated charges for any reason. We are not a mediator between you and your insurance company and will not enter into any dispute with same; as your contract is between you and your insurance company.
3. Whenever you receive any worksheets from your insurance company or explanation of benefits, please bring this information into this office as soon as possible. We must have a copy of this to determine if proper payment has been made. If you should receive a check from your insurance company for services rendered by this clinic, you must bring it into the office upon receipt. If any over-payment exists after all insurance billing has been done, we will issue you an over-payment check—it will not come from your insurance company. All insurance payments, regardless of which company issues a check first, are applied to your account as long as any balance is due.
4. Any services not covered or coverage reductions by your insurance company will be the patient's responsibility. If you are on Medicare you will need to sign an Advance Beneficiary Notice of Noncoverage.
5. This office will resubmit a claim ONE TIME. We will not enter into any dispute with your insurance company. If coverage problems arise, you will be expected to assist directly in dealing with your insurance company, adjustor, or agent. Any denied or disputed claims will be treated as uncovered services and you will be expected to pay such charges in a timely basis.
6. If the patient discontinues care, then any outstanding balance is due and payable in full immediately.
7. Co-pays, coinsurance or deductible amounts are due at the time of service.
8. If you have any questions concerning this or any other matter, please speak with the receptionist or our insurance department prior to seeing the Doctor.

I have read and understand the Financial Policies above and agree to abide by these terms.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date