



Lissa A. Grannis, D.C., DACS

INSURANCE & PAYMENT POLICY

Good communication is essential for a healthy doctor-patient relationship, not only health-wise but also as policies regarding fees and insurance are concerned. The following information is provided to acquaint you with our policies concerning insurance and fees. If you have any questions regarding your account, please do not hesitate to ask.

Payment for services not covered by insurance is due at the time of service unless other arrangements have been approved in advance. We accept cash, check, Visa & MasterCard. If you are being seen as a result of a motor vehicle accident and do not have Personal Injury Protection, a payment of \$10.00 is required at the time of service for every visit. As a service to you, we will process your insurance claim forms and accept assignment of benefits for contracted insurances. You will be billed for the balance of your account after insurance payment is received. **Co-payments required by your policy are to be paid at the time of each visit.**

Dr. Grannis is a contracted provider with many PPO's, HMO's, Blue Cross, Regence, Medicare and other commercial carriers. If you have a question regarding your insurance, either check with your insurance or with our office. We will bill your insurance if you provide us with the necessary information- Name address, phone number, insured's ID number, group number, etc. Please note that we DO NOT bill secondary insurance.

As medical care providers, we must emphasize that our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date that the services are rendered. We will gladly discuss your proposed treatment and answer questions relative to your insurance. You must realize, however, that: 1) Your insurance is a contract between you and your employer and/or the insurance company. 2) Our fees are generally considered to fall within the acceptable range by most companies and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of a usual and customary charge. You are expected to pay the difference between what our charge is and what the insurance company pays, or between what our charge is and what the insurance company allows if we are a preferred provider with your insurance company.

Accounts that are over 60 days past due are subject to a monthly rebilling charge of 1% per month. Patients will be expected to make at least a minimum payment (the greater of \$20.00 or 10% of the outstanding balance) each month. If the minimum payment is not made and the account is more than 90 days past due, the account will be considered a candidate for submittal to a collection agency. If it becomes necessary to turn the account over to collections, the patient will no longer be offered services by this office and will be provided with names of alternate chiropractors.

If an appointment cannot be kept, the patient is expected to notify the office preferably within 12 hours. If a patient "No Shows" a fee can be applied for the time reserved. Patients who repeatedly miss their appointments may be subject to dismissal from future care by this office.

By signing this statement the undersigned agrees to abide by the policies of this office and understands the responsibilities as explained above.

Signed _____ Date _____

Print Name _____