

# LAKE STEVENS CHIROPRACTIC CLINIC

905 Highway 9 • Frontier Village • Lake Stevens, WA 98258  
Telephone (425) 334-5066 • Facsimile (425) 335-4787

J.M. Gaddis, D.C.

## FINANCIAL POLICY

Our primary concern is for your health. Below are the options available to address your financial needs. Please read the following. Select the choice most appropriate for you and sign where indicated.

To all our insured patients: As a courtesy to you, we will submit your billing to your insurance carrier for you. However, your bill is always your responsibility. Insurance is an agreement between you and your insurance carrier. All charges for supplies and supplements must be paid at the time they are received.

**All account balances are due in thirty (30) days and are over due in sixty (60) days. Accounts over ninety (90) days outstanding will be acted upon for collection. Collection costs are added to your account. A late fee of one percent (1%) per month is charged on overdue accounts. All NSF checks will be issued a \$25.00 fee.**

I understand and agree to the above financial policy and will abide by the terms of the PAYMENT OPTION I have initialed below.

**PAYMENT OPTIONS:** Initial your choice.

\_\_\_\_\_ **Cash Patient:** Payments in full on each visit will be given a 20% **non-billing** discount

\_\_\_\_\_ **Medicare/ Supplement:** Medicare covers a portion (80%) of **adjustments only**, after your deductible has been met. Medicare **DOES NOT** cover **X-RAYS, EXAMS, or SUPPLIES**. Services not covered by Medicare/Supplements are due when rendered. **No maintenance care** will be covered, **care must be medically necessary to be a covered service**.

\_\_\_\_\_ **Private Health Insurance:** You are expected to pay all co-payments (percentage or fixed fee) at the time of service. You are responsible for any portion of payment(s) which is/are applied to your deductible. We will submit your primary insurance for you and reimburse you for any credit balance we receive as a result of payment from your insurance carrier. It is **YOUR** responsibility to call and verify your chiropractic benefits with your insurance company. Your bill is always your responsibility.  
My insurance coverage pays \_\_\_\_\_% with a \$ \_\_\_\_\_ deductible \$ \_\_\_\_\_ met  
My per visit co-payment is: \$ \_\_\_\_\_ Limits: \_\_\_\_\_ a year (calendar) (fiscal) \_\_\_\_\_ month

\_\_\_\_\_ **On the Job Injuries (L&I):** If you were injured on the job, we must verify your injury with your employer and file the appropriate forms. Please notify your employer so that they may file the necessary forms with your worker's compensation carrier. If the claim is disallowed or transfer of physician is not approved, industrial insurance does not cover any of the treatments you receive and the bill is **YOUR** responsibility to pay.

Employer \_\_\_\_\_ Contact name \_\_\_\_\_  
phone# \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Personal Injury Cases:** We bill your auto insurance company under your Personal Injury Protection (PIP). You need to notify your insurance company or agent that you are under care at this office. **It is your responsibility to file a PIP application with your insurance carrier within 7 days of initiating chiropractic care.** A copy of your PIP application should be provided to us as part of your permanent record.

FACTS ABOUT PIP (PERSONAL INJURY PROTECTION)

- 1) PIP pays a portion of your lost income for missing work after an accident (after 2 weeks)
- 2) PIP pays for reimbursement for loss of essential services
- 3) PIP pays medical bills directly with no deductible or co-payment requirements
- 4) PIP is **no-fault**, so it doesn't matter who caused the accident, you're covered!
- 5) PIP must be included in your policy unless you reject it, **in writing**
- 6) BY LAW, your insurance company **cannot raise your rates** for using PIP
- 7) BY LAW, your insurance company **cannot cancel your policy** for using PIP

Patients without PIP will be referred to an attorney that specializes in Personal Injury cases. If patient chooses not to obtain an attorney he/she will be required to make monthly payments until time of their settlement or until the balance is paid in full, unless other arrangements are made. Claims must be paid in full within 90 days of claim closure at Lake Stevens Chiropractic Clinic. A medical lien is placed on the claim to protect your medical payment benefits. We will bill your health insurance, if this applies please fill out the portion listed above. It will be your responsibility to prove to your insurance that no PIP is available and to pay all deductible, coinsurance and co-pays at time of service.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
[Print Name]

**ASSIGNMENT OF BENEFITS:** I hereby assign payment directly to J.M. Gaddis, D.C. or Lake Stevens Chiropractic Clinic, all operating under Tax Identification Number 91-0867536 for chiropractic benefits available under my insurance policy. Further, I request that all chiropractic benefits allowable under my insurance policy be issued directly to Dr. J.M. Gaddis. Should my contract prevent direct payment, I request that any draft issued to me be made jointly payable to Dr. J.M. Gaddis. I authorize Lake Stevens Chiropractic Clinic to initiate a complaint to the Office of the Insurance Commissioner on my behalf, if applicable.

Signed \_\_\_\_\_ Date: \_\_\_\_\_