

PEAK PERFORMANCE CHIROPRACTIC FINANCIAL POLICY

ACCOUNT RESPONSIBILITY

You are responsible for the payment of your account. If you are the guarantor on the account of a minor child, you are responsible for the payment of that account. We accept cash, personal check, MasterCard and Visa. We offer a payment arrangement when appropriate. If you are experiencing a financial hardship or need to make payment arrangements, please contact our office for assistance.

RETURNED CHECKS

There is a \$25 service charge for checks returned to us unpaid by your financial institution.

INSURANCE PLANS ACCEPTED

We accept most insurance plans. Most insurance plans and managed care payers have policies that require co-payments at the time of service. You are responsible for payments of all co-pays and any amount your insurance does not cover, at the time of your visit. If your insurance is an HMO or other managed care plan (Point of Service or PPO), there may be specific coverage limitations. Services that your insurance plan does not cover are your responsibility. Peak Performance requires payment for such services at the time of your visit, unless you make other arrangements.

BENEFITS INTERPRETATION

We will do our best to help you interpret your healthcare benefits and coverage requirements. However, it is your responsibility to understand which services your plans cover and does not cover. Likewise, it is your responsibility to identify any coverage changes that your employer or managed care-plan initiates. If you have specific questions, we encourage you to contact your insurance company prior to your appointment. And we can discuss questions in further detail.

BILLING YOUR INSURANCE

We will be glad to bill your insurance company on your behalf. However, Peak Performance is not a participating provider with ALL insurance companies. Many insurance plans offer in and out-of-network benefits. Please contact your insurance carrier to verify if the doctor you are seeing is a participating provider or in-network provider for your insurance. We will re-verify the insurance on your first appointment and discuss further details.

If you do not have insurance, or your insurance plan does not cover certain services, you are expected to pay for services in full at the conclusion of your visit. We accept cash, personal check, MasterCard and Visa. In addition to time of service fees, we DO offer payment arrangements when appropriate.

TIME OF SERVICE FEES

We do recognize that some insurance plans do not cover certain services. To acknowledge the savings in billing and collection costs, we are pleased to offer a time of service discount for non-covered services. To receive the time of service discount, you must pay those services at the time of the visit.

VISIT CO-PAYMENTS

Most insurance plans and managed care companies have visit co-payments that are required at the time of service. You should be prepared to pay the co-payments when you arrive for your appointment. You are expected to pay upon check-in or checkout on the day of your appointment. If you do not pay your co-payments at the time of service, additional fees may be added to your account unless you have made arrangements with the staff.

BALANCES AFTER INSURANCE

Should there be a remaining balance after your insurance(s) pays, you are NOT responsible for the payment of this balance. Presently, Peak Performance will make arrangements with you privately and discuss what will be required for you to do with an unpaid balance from your insurance.

QUESTIONS ON YOUR BILL

If you have any questions on the bill you receive, please contact our billing specialist at 412-366-3363 weekdays, between 9 a.m. – 5 p.m. Should you receive specific statements from your insurance company that are unclear, we encourage you to speak with our office and also contact your insurer for further clarification.

If my current policy prohibits direct payment to doctor, then I hereby also instruct and direct you to make out the check to me and mail it as follows:

PEAK PERFORMANCE CHIROPRACTIC
Helping You Live Life Without Limits
9365 McKnight Road
Pittsburgh, PA 15237
412-366-3363

The professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for professional services rendered. **THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY.** This payment will not exceed my indebtedness to the above-mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment.

A photocopy of the Assignment shall be considered as effective and valid as the original.

I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involved in this case.

Signature of Policyholder

Witness

Date

Date