



## Fees & Financial Policies

We are committed to providing you and your family the best neurologic-based chiropractic care possible in a loving and caring environment. We have established our financial policies to assist us in achieving that goal.

**All fees are due at the time of service.** You can decrease your costs through our membership savings options.

<u>Service</u>	<u>Fee</u>
Initial Assessment - One Family Member	\$275
Initial Assessment - Whole Family	50% off each additional family member for the first 30 days
Progress Assessment	\$100
Adjustment	\$80
Medicare Adjustment (65+ Senior Discount)	\$44
Medicare Initial Assessment	\$79
Medicare Progress Assessment	\$61

*Whether you have insurance coverage or not, all payments are due at the time of your service. Our office has established affordable fee plans and discounts through our membership savings options. These memberships save you money as we avoid the costs of billing and collections. Our practice members with health insurance also take advantage of these savings. We are happy to provide RECEIPTS for your Flexible Spending, Health Savings Accounts, health insurance reimbursement, and end of year income tax statements.*

- I understand that payment is due at the time of my service:** Studies have shown that chiropractic care is very cost-effective and less expensive, in the long run, than drugs, surgery or more invasive procedures. We appreciate the commitment you are making to your health.
  
- I would like receipts for insurance reimbursement:** If you have insurance that reimburses for chiropractic, or would like to apply our care toward your deductible, we will supply you with all of the paperwork necessary for **you to get reimbursed** quickly. When you send in your receipts/statements, your insurance company will reimburse you directly. They are **responsible to you**, as the subscriber, not to us, the provider.  
  
*\*\*Practice Members who wish to receive a full super receipt to submit for insurance reimbursement are subject to a one time \$30 fee annually for receipts obtained from Inspire Life Chiropractic Center. There is no guarantee you will be reimbursed for services rendered at Inspire Life Chiropractic Center.\*\**
  
- I have Medicare Insurance:** We **do not** file Medicare claims for our practice members. We are a medicare non-participating provider, which means you must pay cash for adjustments. We will provide you with an Advance Beneficiary Notice (ABN) of Medicare non-coverage before you begin care, and you must select option 2 on this form to receive care at Inspire Life.

I have read and I understand the above policies and I agree to follow them. I have checked the situation above that applies to me (if any).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_