

Kearney Family Chiropractic Center, LLC

301 S. Platte Clay Way, St. B, Kearney, MO 64060

Phone: 816 / 628-6738 Fax: 816 / 628-6739

Dr. Mark Strathman, DC

Patient Financial Agreement

Personal Injury or Automobile Accidents

We do not process PI or automobile accidents. We will bill your medical insurance or collect your cash payment at the time of service as usual. It is up to you to pursue compensation for your personal injury or automobile accident through your auto insurance or wrongful party in order to receive compensation. Missouri is a "double dip" state, you can use your medical insurance and submit a claim with your auto insurance or wrongful party's insurance. Whatever compensation you receive for your case, will be yours to keep.

Patient Initials _____

Patients Without Insurance

1. We offer a "time of service" discount of 15%. To qualify for this discount payment **must** be made the day the service is provided, or you may pre-pay for the week.
2. For your convenience, payment may be arranged at the last visit of each week. However, payments made at the end of the week do not qualify for the 15% discount.
3. We are happy to accept cash, check, Master Card, Visa or Discover

Patient Initials _____

Return Checks/Collection Agency

There will be a \$25.00 fee on all returned checks. If we have to involve a collection agency there will be a fee of 35% of the balance added to the total balance. If legal action has to be taken a fee of 45% of the full balance will be added.

Patient Initials _____

Medicare

We do accept assignment from Medicare. The check is usually sent directly to our office in payment of the services that Medicare will cover. For Chiropractors this includes **only** manual manipulations of the spine. Medicare pays 80% of the allowable fee once the deductible has been met and the patient will be required to pay the remaining 20%. The patient is also responsible of payment in full of all non-covered services. Subsequent services will be payable at the end of each week or from a monthly statement. Our office will complete the necessary forms and file them with the Medicare provider at no charge.

Patient Initials _____

Group or Individual Insurance

I understand that my insurance is an arrangement between myself and my insurance company, **NOT** between this chiropractic center and my insurance company. I request that the chiropractic center prepare the customary forms at no charge so that I may obtain insurance benefits. I also understand that if my insurance does not respond within 60 days, or if I suspend or terminate my schedule of care as prescribed by the doctor at the chiropractic center that fees will be due and payable immediately. When possible, we will call to verify benefits on your insurance. However, the benefits quoted to us by your insurance company are not a guarantee of payment. Payment will be due by you at the time of service for any non-covered services, deductibles or co-pays.

Patient Initials _____

Secondary Insurance

Please inform us of any secondary insurance you may have. We will assist you if you need help in filing.

Missed Appointment Fee:

This office will charge a fee of \$25.00 for any appointment not kept. Appointments that are rescheduled within 24 hours of appointment time will not be charged a fee.

Patient Initials _____

Authorization

I certify that I have read and understand the above information to the best of my knowledge. The above questions have been accurately answered.

Patient's signature (or guardian if patient is a minor)

Date

Witness