



Select-Care Chiropractic, PC

Nutrition • Chiropractic • Wellness
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Financial Policy

Insurance Coverage and Patient Responsibility

As a courtesy to our patients, we make every effort to interpret our patient's insurance benefits *prior* to being seen. *However*, we can never be definitively certain of the exact amount an insurance plan will cover at each visit until after the insurance provider has processed that claim. We make every effort to estimate the amount the insurance plan will cover and what our patient's responsibility will be. Once the Explanation of Benefits (EOB) is received we will either credit the patient account in the case of overpayment or we will bill the patient for the amount owed at that point. **We wish to be clear that neither the initial estimate, nor the amount we have estimated at each office visit, is an agreement with the patient to only pay that estimated amount for that visit.**

Deductible: *This is the portion of health care that the patient is responsible for before an insurance plan pays for any services. For example, if the patient has a deductible of \$500, the patient is responsible for paying the first \$500 of coverable health services.*

Coinsurance: *Instead of a co-pay, some insurances plans have patients pay a portion of the covered services. For example, if the patient has a coinsurance of 20% and the total services covered for a visit are \$100, the patient is responsible for \$20 at that visit.*

Copay: *A set fee that the patient must pay for each visit/date of service. (Copays often increase when insurance plans renew each year.)*

I _____ (patient name), am insured by _____ (insurance company) and am seeking care in this office. I understand that if my insurance company does not cover certain aspects of my care (copay, co-insurance, deductible, out-of-network benefits, fees related to terminated coverage, or any other allowable fees) I am financially responsible for any/all outstanding balances.

Self-Pay/Non-Covered/Cash Fees: Due at time of service. We do offer discounts for children, active-duty military personnel and pre-purchased packages.

Missed Appointment Fees: A reminder is provided as a courtesy for the first missed appointment (without 24 hours' notice). A fee of \$30 is assessed for any/all subsequent missed appointments (without 24 hours' notice) in any consecutive 90-day period thereafter. _____ (initial)

Late Fees: A late fee of \$10 will accrue every 30 days on all balances 30 days or more overdue. Past due accounts (in excess of 90 days) will be forwarded to a collections agency after all internal attempts and payment plan options have been exhausted. _____ (initial)

Patient/ Guardian Signature (if minor)