

Berk Chiropractic, Inc.

PROFESSIONAL FEE SCHEDULE

Consultation.....	Complimentary
Chiropractic Examinations.....	\$75 To \$200
Chiropractic Office Visits.....	\$85 To \$160
Chiropractic X-Ray Studies.....	\$75 To \$395
Traction.....	\$65
Missed Appointments.....	\$25 To \$50

(All fees are standard and primarily based on our professional associations guidelines.)

Our experience has shown that it is wise to have an understanding with our patients as to our office policies and fees. Therefore, this form has been prepared for your convenience and information. We offer several methods of payment for your Chiropractic Care at our office and you may choose the plan which best fit your needs. Please read carefully and choose the plan, which you prefer. This information will enable us to better serve you and help avoid misunderstandings in the future. If special arrangements are necessary please consult with the Doctor. Our main concern is your health and well being, and we will do our best to help you.

Plan #1 – Insurance: We are only providers with **Blue Shield**. If you have other insurance, we will have to call your insurance provider and confirm if they cover Chiropractic care. If so, we will bill your insurance directly. Until we have the completed, necessary insurance information to verify Chiropractic coverage, you will be required to pay for your care. Most patients with **Yearly Deductibles** will be required to meet that amount first before the insurance company pays anything for care. Once the deductible is met, the patient will be responsible to pay their co-payment as contracted with the individual’s insurance company. Your insurance is an agreement between you and your insurance company. **We will be verifying your coverage with your insurance company and under normal circumstances, reimbursement is not usually an issue. But please be aware that if payment is denied and or we are reimbursed at a lesser amount than quoted by your insurance company, you will be ultimately responsible for all charges incurred in this office.**

Plan #2 - Cash: Fees are to be paid at the time services are rendered, unless special arrangements have been made in advance.

Plan #3 - WEEKLY / MONTHLY CASH AGREEMENT: For those non - transient, but active patients who qualify, we will extend knowledgeable credit through this plan, however, should you become inactive by discontinuing your care, your entire unpaid balance will be due immediately. This plan applies to all cases.

Plan #4 - CASH PRE-PAY: Ask Doctor for details.

Plan #5 - INDUSTRIAL: You need to report your accident to your employer, bring in necessary insurance information, and sign industrial forms for billing by second visit. We will bill your insurance directly.

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PLAN #6 - AUTO INJURY: You need to supply us with the accident report, your car insurance, health insurance and liable parties insurance, and attorney if applicable. **Until necessary insurance information is gathered and verified for Chiropractic care, you will be required to pay for your care. We will bill your insurance directly after verification of coverage. In the event the check should come to you, you are required to bring the check to us.**

I QUALIFY AND UNDERSTAND PLAN# _____ REQUIREMENTS.

SIGNATURE _____

DATE _____