

Austin Chiropractic Center, Inc.  
Paul D. Austin, DC, CCSP, DACNB  
262 S. McCaslin Blvd, Louisville, CO 80027  
303-665-5405

## Necessary Paperwork Plan

### **DEFINITION:**

This fee schedule is higher than the paperwork reduction plan, as necessary paperwork is inevitable. Charges are billed.....either to the patient, another party or an insurance company. Payment may be deferred or paid at the time that the services are rendered.

### **SERVICES PROVIDED:**

Any documents that are needed for reimbursement or proof of medical necessity will be supplied to the patient or insurance company, including copies of medical records, diagnosis, completion of forms or questionnaires, writing of brief reports, Attending Physician Reports, and preparation of insurance bills, etc. at no additional charge.

### **COMPLEX NARRATIVE REPORTS:**

These reports, as needed in litigation, are expected to be compensated by the party that requests the report. The terms will be agreed upon prior to the preparation of the report.

### **APPROVAL:**

All parties to be billed, whether it is the patient, another party, or an insurance company, are subject to approval by the doctor or the Finance officer prior to acceptance for the Necessary Paperwork Plan.

### **WORKERS' COMPENSATION:**

These charges are billed by the fee schedule set by the state.

### **INSURANCE COMPANIES REQUIRE PROOF OF MEDICAL NECESSITY:**

Insurance companies demand examinations, (which result in objective findings acceptable to them), showing "medical necessity" for each visit, in order to CONSIDER payment for treatment. Therefore, they are charged accordingly for those special services.

Those who do not have insurance do not demand proof of "medical necessity". Because of this, they are not charged for special examinations to prove that they need treatment.

While it is true that a chiropractic exam is performed prior to an adjustment of the spine, this type of examination is not acceptable to insurance companies as proof of medical necessity for insurance reimbursement.

### **OUR STANDARD FEE SCHEDULE**

Initial exam	\$120.00
Spinal adjustment	\$ 90.00
Therapies	\$25.00-\$55.00

(Therapies include myofascial release, Intersegmental Traction, Interferential Therapy, hot pack, Therapeutic Exercises, etc.)

### **PAPER REDUCTION FEE SCHEDULE**

Initial exam	\$70.00
Spinal adjustment only	\$50.00
Therapies	\$10.00

#### **Family Plan**

1 <sup>st</sup> adult.....adj. only	\$50.00
2 <sup>nd</sup> adult .....adj. only	\$35.00
Child (under 17)...adj. only	\$25.00

### **IF YOU WISH TO BE BILLED:**

You will have 30 days from the date of your statement to pay your bill in full without being charged interest. A rate of 1.75% interest will be added to the balance each month thereafter. This amounts to 21% on a yearly basis.

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## Group / Individual Health Insurance

Since most health insurance plans have a deductible, you must pay 100% of your charges until your deductible is satisfied. Once you have met your deductible, we will accept authorization for direct payment of benefits to this office. You must provide us a copy of your health insurance card.

This form must be signed by the insured and / or patient, dated, and the patient's portion completed. Upon receipt of this information we will contact your company to verify the eligibility of chiropractic benefits. All information provided to us by your insurance company, including any policy limitations or exclusions, will be discussed with you. Since most health insurance plans do not reimburse health care expenses at 100%, you may be assessed a small co-payment. **Co-payments are due at the time services are rendered.**

Patients selecting this option understand this office submits bills and awaits direct payment from insurance companies as a courtesy, and that it in no way relieves patients of their financial responsibility to this office. If your insurance company denies or delays reimbursement to this office for any reason, we reserve the right to demand immediate payment in full from you, the patient. **Monitoring any policy limitations is considered the responsibility of the patient.**

I authorize all insurance companies, third party payers and attorney's to make direct payment of my benefits to Austin Chiropractic Center for all monies due my account for the services I have received. If my policy prohibits assignment, I direct my insurance company to mail all checks made payable to me, directly to Austin Chiropractic Center, at 362 S. McCaslin Blvd. Louisville, CO 80027.

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Insurance Carrier

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Effective Date

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Patient / Authorized Signature

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Date

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Office Staff Signature

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Date

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## **PAPER REDUCTION PLAN**

### DEFINITION:

Under this payment method, charges for services are paid in full immediately after they are delivered, and no paper work is performed, other than a receipt.

### METHOD OF PAYMENT:

We accept cash, check, credit card, money orders or traveler's check. The check must be negotiable at the time of payment.

### BOUNCED CHECKS:

For checks that fail to clear the bank, or any other type of payment that proves non-negotiable, not only will the necessary paperwork plan fee schedule apply, but there will also be returned check and handling charges.

### ADMINISTRATIVE SERVICES THAT ARE NOT COVERED:

Since a reduced fee is charged for services, no documents will be supplied to the patient for reimbursement by a third party, including copies of medical records, diagnosis, completion of forms or questionnaires, writing of report, preparation of insurance bills, etc. However, a receipt will be given at the time of payment.

### IF ADMINISTRATIVE SERVICES ARE REQUESTED:

If any of the previously mentioned documents are requested subsequent to payment of the reduced fee, the difference between the reduced charge and the billed charge will be paid by the patient (on all related services) prior to the preparation of the documents.

THIS PLAN IS SET BY THE CLINIC AND IS ONLY IN EFFECT AS LONG AS YOU ARE KEEPING THE SCHEDULE THE DOCTOR HAS SET FOR YOUR CARE. IF YOU REPEATEDLY MISS APPOINTMENTS AND DO NOT ADHERE TO THE SCHEDULE THE DOCTOR HAS SET FOR YOU, YOU WILL NOT BE ELIGIBLE FOR THIS PLAN.

### **OUR STANDARD FEE SCHEDULE**

Initial Exam	\$120.00
Spinal Adjustment	\$ 90.00
Therapies	\$25.00-\$55.00
Therapies include myofascial release, Intersegmental Traction, Interferential Therapy, hot pack, Therapeutic Exercises, etc	

### **PAPER REDUCTION FEE SCHEDULE**

Initial Exam	\$70.00
Spinal Adjustment only	\$50.00
Therapies	\$15.00
<b>Family Plan</b>	
1 <sup>st</sup> person..(Adjustment only)	\$50.00
2 <sup>nd</sup> adult adj only	\$35.00
Child adj. only (under 17)	\$25.00

### REQUIREMENTS TO RECEIVE THE PAPER REDUCTION FEE SCHEDULE:

1. Keep the schedule the Doctor sets for you.
2. Pay at the time of service.
3. Never carry a balance.
4. Require no paperwork from our financial dept., only a receipt at the time of your service.

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**PATIENT FINANCIAL POLICY**

Patient Name \_\_\_\_\_

Account Number \_\_\_\_\_ Effective Date \_\_\_\_\_

I understand that my chiropractic care in this office may vary in cost, depending on what services I receive.  
The policy I choose is:

**THE NECESSARY PAPERWORK PLAN**

**THE PAPER REDUCTION PLAN**

**TYPICAL BASIC SERVICES:**

- A. Initial Consultation**
- B. Exams and Re-exams**
- C. Chiropractic adjustments**
- D. Physiotherapy**
- E. Exercise programs**

**Qualifications for Paperwork Reduction Plan**

1. No paperwork other than a receipt at the time of service is provided.
2. Payment in full is made each visit.
3. Never carry a balance on your account.
4. Keep your appointments and the schedule set by you doctor.

**Patient Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Staff Signature** \_\_\_\_\_ **Date** \_\_\_\_\_