

Patient Guide to River Ridge Chiropractic & Natural Medicine
1201 Bleachery Blvd, Ste 203
Asheville, NC. 28803

Thank you for choosing River Ridge Chiropractic & Natural Medicine to be your healthcare provider. We appreciate having the opportunity to be a part of your optimal health. The following summary of our financial policies is designed to answer questions and concerns you may have about our financial relationship. Please let us know if you have questions that aren't addressed in this notice.

Patient Appointment Hours:

Mon, Wed, Thurs: 7:45 am – 11:45 pm & 1:45 pm – 4:45 pm

Tues: 7:45 pm – 11 am

Closed Daily 12-1:30 for Lunch

If you are unable to keep your scheduled appointment, we request 24 hours notice, so that we may have that time available for another patient who may be needing treatment.

Contact Information:

Telephone: 828-274-6602

Fax: 828-274-6604

Email: riverridgechiropractic@gmail.com

Website: www.riverridgechiropractic.com

Payment Methods

All payment is expected at the time of service. We accept cash, personal checks, debit cards, Visa, Master Card, Discover, and American Express. There will be a \$15 service fee for returned checks.

Insurance

We are in-network providers for most major health plans, and are happy to file claims on your behalf. In order for us to file your insurance claims, we will need to have all necessary information, including a copy of your current valid insurance card. Under the terms of our contract with the various health plans, payment of copays, deductibles, and/or co-insurance is due at each visit. As the patient or guardian, we recommend that you be familiar with the contract between you and your insurance carrier, and fully understand the benefits of your policy. We make every effort to obtain accurate information from each insurance company, however, we cannot guarantee that services or products will be covered until the claim has been processed and reimbursement made by the insurance company. Services not paid by an insurance company are the responsibility of the patient or account guarantor.

Auto Accidents/MVA's

We file liability and med-pay insurance claims for auto accidents claims. To expedite the filing and payment of your claims, we request a copy of the police report (if applicable), insurance information including claim numbers, mailing addresses, and phone numbers for all parties involved. Denied or unpaid personal injury claims are the responsibility of the patient.

Billing

If there is a balance on your account we will do our best to send you a timely billing statement, however it is your responsibility to make sure your account is paid in a timely manner. For accounts sent to an outside collections agency, there will be a 30% finance charge added to the balance due.

I have read and understand the terms of the above agreement.

Name: _____

Signature: _____

Date: _____

Assignment of Benefits

I hereby assign to Dr. Bart Hodgins and River Ridge Chiropractic all medical benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s), including Medicare, private insurance, and any other health/medical plan to issue payment checks directly to River Ridge Chiropractic for all medical services rendered to myself and/or my dependents regardless of my insurance benefits, if any. I understand that I am responsible for any amount not covered by insurance.

Print Patient Name:

Patient/Responsible Party

Signature:

Date: _____