

Patient Guide to River Ridge Chiropractic and Acupuncture

**1201 Bleachery Blvd, Ste 203
Asheville, NC. 28803**

Thank you for choosing River Ridge Chiropractic & Acupuncture 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:

Monday and Wednesday: 8:30 am – 12:00 pm & 2:00 pm – 5:00 pm

Thursday: 1:00 pm – 5:00 pm

Friday: 8:30 am – 12:00 pm

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: drbart@bellsouth.net

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.

Self-Pay/Non-Covered Services

For patients with no insurance coverage, and whose accounts are in good standing, we offer a 25% discount on chiropractic care for balances paid in full at the time of service. Partial payments or payments made after the date of service are not subject to the "At Time of Service" discount. The discount does not apply to spinal decompression therapy, acupuncture, cold laser therapy, custom foot orthotics, supplements, or orthopedic supports. If you are having difficulty paying your account, please speak with our account specialist or office manager to discuss setting up a payment plan. Your health and well being is our top concern.

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 and Worker's Compensation

We file liability and med-pay insurance claims for auto accidents, and other personal injury 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. For workers' compensation claims, please be sure to contact your employer to inform them of your injury. For your workers' comp claims to be paid, we will need to have authorization from your employer prior to treatment, along with insurance information. If you have any questions regarding what information will be needed, please speak with our staff prior to your first appointment. Denied or unpaid personal injury or workers' comp claims are the responsibility of the patient.

Medical Equipment

Most Durable Medical Equipment (DME) is available for rent or purchase. All rental items require a deposit. Items not returned by the due date will be automatically renewed on a weekly basis until returned. Any non insurance rental fees will be applied toward non insurance purchases. Purchased items paid in full on the initial date of prescription will receive the 25% "At Time of Service" discount.

Product returns will be assessed a 15% restocking fee.

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/or Dr. Brett Comeau 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: _____