

Financial Disclaimer

Welcome to Horizon Family Chiropractic! We are delighted you have chosen our clinic to address your health care needs. We would like to explain about what you can expect from your insurance company as well as what we expect from you.

Your benefits under your insurance plan for chiropractic care may not cover all your visits to our office. You are held financially responsible for co-payments, co-insurance, and deductibles for covered services. Services exceeding benefits limits or considered maintenance or preventative are not reimbursable by your plan. You are financially responsible for all non-covered services as defined by your health plan contract.

Horizon Family Chiropractic will contact your insurance company to verify your benefits as a courtesy, however we are not responsible for any erroneous data provided to us by your insurance company as no quote is guaranteed until the claim has been submitted. Patients are responsible for understanding their healthcare policy benefits and limitations. Please feel free to discuss any question with our office, however any insurance policy specific questions should be directed to your insurance carrier.

If your doctor feels that care will not be a covered expense based on the type of care you are receiving, it may be in your best interest to discuss one of the several financial plans we have available.

- If at any time, there is a change in your insurance benefits it is YOUR RESPONSIBILITY TO NOTIFY THE FRONT DESK. WE CANNOT BE RESPONSIBLE FOR BACK BILLING IN THESE SITUATIONS.
- Please understand that any benefit quoted to you by this office is NOT A GUARANTEE that your insurance company will make payment on your claims.
- YOUR PAYMENT IS DUE AT THE TIME OF YOUR VISIT. We welcome payments in advance by cash, check, Visa, MasterCard, and debit cards.

Workman's Compensation or Auto Insurance Claims: If you are filing your claims through AUTO INSURANCE or WORKMAN'S COMPENSTATION, the insurance may not settle in your favor, your case may be denied, or only a portion will be covered, at which point you will be responsible to pay your balance.

Medicare: Please note that Medicare does not pay for all of your health care costs; however, even though Medicare may not pay for a service, it notes not mean you should not receive that service. Medicare Part B recognizes payment for Spinal Manipulations only. A calendar-year deductible is required for all Medicare patients. After your deductible has been met, Medicare pays 80% of the approved Spinal Manipulation. The patient is responsible for the remaining 20% Co-Insurance. Items not covered and the patient's full responsibility are: Exams, Extremity Adjustments, Therapies, Nutritional Consults/supplements, DME's/Supports, Exercise Programs, and Maintenance Care. Please note that it is our policy to perform periodic Exams as a part of our treatment protocol, even though they are Non-Covered services and the patient's responsibility.

Medicare Supplemental Plan: Medicare supplemental policies are designed to coordinate with Medicare and are plan specific. Larger co-payments and additional benefits may apply. Some supplemental plan may pay for the Deductible and Co-insurance depending upon patient's policy.

Medicaid: Please note that Medicaid covered service may vary by state. We have found in the state of Wisconsin patient's with Medicaid coverage are allowed a maximum of 20 visits per calendar year. Anything beyond this allowed amount will be the patient's responsibility. Medicaid recognized payments for the following Chiropractic services only: Spinal Manipulations and Exams. Non-covered services are the patient's financial responsibility, as is informing this office when your coverage has lapsed.

It is our goal to provide the maximum level in Chiropractic care and to open the door to a new life of health and vitality for all our patients!!



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Non-Covered Services: Financial Disclosure Form

Chiropractic services typically covered by health insurance policies include:

- Chiropractic adjustment for acute clinical conditions
- Limited treatment of symptom flare-ups or exacerbations.

Services that we expect to NOT be eligible for reimbursement through your plan's chiropractic benefit, and therefore will likely be your financial responsibility are outlined below. Your financial responsibility is limited to services received during the treatment dates below.

• Exam(s) (MEDICARE/MEDICARE Replacement)	\$50-\$105
• Maintenance Care Spinal Adjustments (Including visits exceeding insurance limits)	\$50
• Extra-Spinal Adjustments (shoulder, knee, wrist, elbow, etc)	\$29
• Durable Medical Equipment (braces, orthotics, ice pack, etc)	Varies per product
• Graston/Laser Treatment	\$35
• Nutritional Consultation	\$50
• Crainosacral Therapy	\$35
• Kinesotaping	\$35
• Infrared Sauna Therapy	\$40 additional packages available
• HaloTherapy	\$40 additional packages available

***same day payment or package discounts may apply**

I acknowledge that I am signing this statement voluntarily, and that it is not being signed after the services have already been provided. I have had ample opportunity to ask questions about my liability and the provider/staff has answered them to my satisfaction. I understand that I have the right to refuse this care and that by signing this form, I will be fully responsible for the total billed charge(s) related to non-covered services.

By signing this statement, you acknowledge you understand the services you are receiving may not be covered by your health plan, and in that situation, you would be 100% responsible for all charges incurred.

Signature

Date

Informed Consent to Chiropractic Treatment

The Nature of Chiropractic Treatment: The doctor will use his/her hands or a mechanical device in order to move your joints. You may feel a “click” or “pop” similar to the noise produced when a knuckle is “cracked,” and you may feel movement of the joint. Various ancillary procedures, such as hot or cold packs, electric muscle stimulation, therapeutic ultrasound, or traction may also be used.

Possible Risks: As with any health care procedures, complications are possible following a chiropractic manipulation. Complications could conceivably include fracture of bone, muscular strain, ligamentous sprain, dislocations of joints, or injury to intervertebral discs, nerves, or spinal cord. A minority of patients may notice stiffness or soreness after the first few days of treatment. The ancillary procedures could produce skin irritation, burns, or other minor complications. There are reported cases of stroke associated with visits to medical doctors and chiropractors. Research and scientific evidence does not establish a cause and effect relationship between chiropractic treatment and the occurrence of stroke; rather, recent studies indicate that patients may be consulting medical doctors and chiropractors when they are in the early stages of a stroke. The possibility of such injuries occurring in association with upper cervical adjustment is extremely remote.

Probability of Risks Occurring: The risks of complications due to chiropractic treatment have been described as “rare” to “extremely rare”, statistically less often than complications from taking a single aspirin tablet. There has not been a single reported injury in our clinic since its inception in 2004.

Other treatment options which could be considered may include the following:

1. Over-the-counter analgesics. The risks of these medications include irritation to stomach, liver, and kidneys, and other side effects in a significant number of cases.
2. Medical care, typically anti-inflammatory drugs, tranquilizers, and analgesics. Risks of these drugs include a multitude of undesirable side effects and patient dependence in a significant number of cases.
3. Hospitalization in conjunction with medical care adds risk of exposure to virulent communicable disease in a significant number of cases.
4. Surgery in conjunction with medical care adds the risks of adverse reaction to anesthesia, as well as an extended convalescent period in a significant number of cases.

Risks of Remaining Untreated: Delay of treatment allows formation of adhesions, scar tissue, and other degenerative changes. These changes can further reduce skeletal mobility and induce chronic pain cycles. It is quite probable that delay of treatment will complicate the condition and make future rehabilitation more difficult.

Unusual Risks: I have had the following unusual risks of my case explained to me.

I have read the above explanation of chiropractic treatment. I have had the opportunity to have any questions answered to my satisfaction. I have fully evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment, and hereby give my full consent to treatment.

Signature

Date