

STEVEN WASSERMAN, R.N., D.C.
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(562) 430-4949

MEMORIAL IPA MANAGED CARE FINANCIAL POLICY

Dear New Patient,

Please be advised that our financial policies take into account the requirements of the Insurance Companies, California Insurance Commission, and the ever-changing needs of this practice.

Our office contracts with your insurance company either directly or indirectly with a third party managed care administrator. Under your Memorial IPA plan, our office has contracted and agreed to follow their financial and chiropractic care protocols regarding your care.

Our office makes no representation that your insurance policy will positively cover all or some of your Chiropractic care, therefore, we require that you the patient, be responsible for knowing your benefits and policy limits.

Our charges for chiropractic services rendered are: 1) exactly within the medical fees of Southern California 2) according to each insurance company our office is contracted with, and 3) set by each insurance company according to their procedure code fees and copayment schedules or percentages due.

Basic Managed Care Policies:

- 1. Must pay your contracted amount of co-payment or percentage due at time of service.**
- 2. Must pay for additional services that may not be covered by your insurance plan, which we will inform you prior to rendering those services or supplies to you. You have a limited policy. These additional services that may not be covered are: x-rays, supplies, nutritional supplements, hot pack, electrical stimulation, ultrasound, and/or muscle therapy.**
- 3. If you exceed your policy limits, you will be responsible for payment in full for those visits.**

4. Your managed care company requires pre-authorization. Your primary care physician thru your IPA managed care plan will authorize 1-4 chiropractic adjustments, CPT Code 98940. When those initial visits have been utilized, Dr. Wasserman will request additional number of visits, ranging from 7-14, depending on your condition. Those initial and additional requested visits, if approved, must be used within your insurance policy time limits of 60 days from the first day you began care at this office. Your insurance company does not pay for maintenance or wellness care. When all your visits are used, or if your 60 days have been exceeded, you may then be considered a cash patient and at that time you may inquire about our reasonable fees. Also, at the end of the authorized visits, your PCP will receive a progress report about your condition. If you ever have an exacerbation of the same condition or new injury or illness, you will need to return to your primary care physician, and see if they can request a new authorization for your condition if warranted. Remember, no insurance company will cover maintenance care or wellness care.

COPAYMENTS OR PERCENTAGE DUE ARE COLLECTED PRIOR TO TREATMENTS, cash or credit card only.

THREE PAYMENT OPTIONS ONLY:

1. CASH

2. PAYMENT WITH CHECKS: If you choose to pay with a check, it is our office policy that a copy of your credit card be left on file. If a check bounces, your credit card will be automatically charged the amount of check plus a \$25.00 bounced check fee, no exceptions. We will send you notification that your credit card has been debited.

3. VISA, MASTER, AND DISCOVER CARD.

*Please note that this office does not bill remainder of balance due. All financial matters are handled at time of service. If payment is not received or other arrangements have not been made, your credit card will be charged within 5 working days of date of service.

I have read the above, and agree to the terms of this office's managed care policy.

_____ Date: _____

Signature

Printed name _____
