

**STEVEN WASSERMAN, R.N., D.C.**  
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### **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 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.

**\*\*\*Please come prepared to pay your deductible, co-pay, and co-insurance at the time of service. Our office will calculate an estimated amount due, taking into account usual insurance fees. We accept cash, credit cards, and checks with credit card on file only.**

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 may require you to fill out pre-authorization forms approximately every 30 days. You must fill out these forms in order to get authorization for your care.**

**DEDUCTIBLE: OUR OFFICE DOES NOT BILL REMAINDER OF BALANCES DUE. ALL FINANCIAL MATTERS WILL BE HANDLED AT TIME SERVICES ARE RENDERED:** Any deductible owed is payable in full (up to the total charge of the office visit) and is due at time of service. Most deductibles will vary from \$100-\$5000 per calendar year.

**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.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Printed name \_\_\_\_\_