

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

MEDICARE 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.

Payment in full at time of service. We will bill Medicare for you; we do not bill secondary insurances. Please remember, Medicare or your secondary insurance may or may not pay for services. Therefore, we require that you the patient be responsible for knowing your benefits and policy limits. Please note, we are a non-participating provider of Medicare which means you are responsible for all your all services rendered at this office. If Medicare determines that your adjustment is medically necessary, they will reimburse you directly their limited fee for the adjustment.

- a. Medicare does not pay for all of your health care costs. Medicare only pays for covered benefits.
- b. When you receive an item or service that is not a Medicare benefit, **you are responsible to pay for it**, personally or through any other insurance that you may have.

The purpose of this notice is to help you make an informed choice whether or not you want to receive these items or services, knowing that you will have to pay for them yourself. Ask us to explain, if you don't understand why Medicare won't pay.

Medicare will pay for an adjustment only for subluxation; however, Medicare may not feel chiropractic care is medically necessary. Medicare will not pay for: Exam, consultation, x-rays, physical therapy, supplies, or maintenance care.

FEES

Initial consultation, exam, adjustment, PT, and x-rays: \$150.00

Initial consultation, exam, adjustment, PT: \$75.00

Adjustment and PT: \$45.00 Adjustment with or without hot pack: \$30.00

Supplies: separate charge per item (PT=electrical stimulation and /or ultrasound)

Patient not seen > 1 year; consultation, exam, adjustment, and PT or hot pack: \$60.00

X-rays: \$75.00

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

Signature

Date: