



Financial Policy

To maintain compliance with various state and federal regulations, managed care and preferred provider agreements, as well as billing and coding guidelines, we have adopted the following financial policies:

Insurance Forms/Payment

If you receive correspondence from your insurance carrier pertaining to the care you have received at this office and a request of more information regarding your care, please bring it in as soon as possible. It is very important that we keep your file as up to date as possible.

Occasionally, either by mistake, or due to provisions in your policy, the check issued by the insurance company for payment of services rendered in our office may come to you instead of our office. If you should receive any unexpected check(s) in the mail, please contact us to see if the check represents payment of your bill at our clinic.

**If you have insurance and do not wish it to be billed, please inform a staff member and an additional form will be provided.*

Patients without Insurance

Aspen Chiropractic Clinic accepts cash, check, Visa, MasterCard, and Discover. We offer a small time-of-service discount for paying on the same day of service. Paying up front and not billing insurance or mailing an invoice, saves us time and money that we pass on to you.

If you are a member of a Discount Medical Plan Organization, we may join if not already a member.

If you are within the National Poverty level for income, you may qualify for Hardship. If you have questions about our Hardship Policy, please ask. We will be happy to help.

Group or Individual Insurance

Your insurance is an agreement between you and your insurance company, not between your insurance company and our office. We cannot be certain if your insurance covers Chiropractic, although most policies do provide some type of coverage. The amount they pay varies from one policy to another. When possible, we will call to verify benefits on your insurance; however, the benefits quoted to us by your insurance company are not a guarantee of payment. If Aspen Chiropractic providers are an “in-network” providers for your insurance company, discounts will be applied after your insurance has processed the information we send them. Billing statements Aspen Chiropractic sends will reflect the contracted rate Aspen Chiropractic has with your insurance company. Please contact our office if you have any questions regarding your Explanation of Benefits (EOB) and the amount you owe per our statement balance.

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It is to be understood and agreed that any services rendered are charged to you directly and you are personally responsible for payment of any non-covered services, deductibles, co-pays or co-insurances. You may also pay the full amount due each day and receive a credit on your account when insurance pays. You can use the credit toward non-covered services, applied to your next visit or ask for a refund. If a credit is refunded, a check will be mailed to you.

Medicare/Medicare Advantage

Aspen Chiropractic Clinic accepts assignment from Medicare. Medicare only pays for Part B services of chiropractic visits. The check is usually sent directly to our office in payment for the services that Medicare will cover, which for Chiropractors is ONLY medically necessary manual manipulation of the spine (adjusting of the head, neck, back, and hips). Medicare usually pays a rate based on your deductible and Medicare's allowable fee once the deductible has been met. You are required to pay the remaining balance, per Medicare's Fee Schedule. All other services we provide are NON-COVERED. These services include but are not limited to x-rays, initial examination, re-examinations, routine/maintenance spinal care, electrical stimulation, mechanical traction, extremity manipulation (adjusting shoulders, wrists, hands, feet, knees, etc), cold laser, massage, nutritional supplements, and other therapies. Medicare patients are fully responsible for charges of non-covered services. Secondary insurance may or may not pay for these non-covered services. Our office completes and files the forms for Medicare and any secondary insurance.

Medicare requires a re-examination every 30 days of continuous treatment to prove medical necessity or when there is a change in condition that affects your diagnosis and your treatment plan. Medicare does not cover the cost of the re-examination. Patients will be responsible for the charge of re-examinations when required.

Additional Insurances

Please inform us of any secondary insurance you may have. We will assist you if you need help filing.

Automobile Accidents, "On the Job" or Personal Injury

We are not accepting patients that need treatment for automobile accidents, workmen's compensation / "on the job injury," or personal injury. We can offer names and numbers of other chiropractors in the area that may be able to treat you. For more information, please ask.

Collections for Bills NOT Paid

Failure of a patient to pay their bill in a timely manner or set up and adhere to a monthly payment plan will result in my account being turned over to a collections agency with an additional collection charge (up to 33% of the balance) added to the total bill. The collections company will be provided with any and all information on file necessary to support the collections process.