



Tancredi Chiropractic & Rehabilitation Center

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Broomall, PA 19008
610-353-9400
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OFFICE POLICY

Thank you for choosing Tancredi Chiropractic and Rehabilitation Center. We are committed to providing you with the best possible care. If we cannot treat your condition, we will be sure to refer you to the proper physician. We believe that a clear definition of our office policies will allow both you, the patient, and the doctor to concentrate on the big issue – regaining and maintaining your health on your own.

Appointment Policy:

Multiple appointments may be recommended for your convenience, to minimize waiting, and to facilitate incorporating these appointments into your daily routine. Please arrive on time or call if you will be late. It is rare to wait over 15 minutes before treatment is started.

Successful treatment of musculo-skeletal conditions is dependent upon your adherence to the recommended treatment plan. We request 24 hours notice for cancellation of any appointment. You must provide 24 hours cancellation notice for any massage appointment or you will be charged for the service.

When entering the office, please go directly to the front desk and “sign in”. We attempt to honor all appointments at the scheduled time. If you are late, you may have to wait for the next available appointment. If you have questions, please ask the staff.

Financial Policy:

All services rendered are charged directly to you, the patient, and you are ultimately personally responsible for all payments, regardless of whether or not this office accepts insurance assignment.

Patients with no insurance: All payments are expected at the time of service, or at the end of each week, or professional care will be terminated.

Patients with insurance: Deductibles and coinsurance payments are expected at the time of service, or at the end of each week, or professional care will be terminated. The majority of your financial responsibility is typically greatest in the early stages of care. We gladly accept cash, MasterCard, and Visa. Payment plans are available. If you require a payment program please speak to our office manager.

We will provide as much care as necessary, as long as you are making your scheduled payments. If any payments are missed, care will be discontinued and your entire balance will be due immediately. Returned checks will be subject to an additional \$40.00 fee. Missed appointments without a courtesy call may be charged directly to you at the discretion of our staff.

We will submit claims to your primary insurance carrier, and attempt to contact your insurance company in order to get your claim processed. However, any insurance balances under \$1,000.00 that are not paid within 120 days of claims submission will become patient responsibility.

Insurance Assignment/Financial Policy:

It is the policy of this office to extend to our patients the courtesy of allowing you to assign your insurance benefits directly to us. This policy reduces your out-of-pocket expense, as your insurance company processes your claims.

The privilege of Insurance Assignment begins when you bring in your insurance information, we verify your insurance coverage, and you sign this form. Until then, you are considered a cash patient.

You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of "U.C.R.". "U.C.R." is defined as usual, customary and reasonable fees for this region. Thus, our fees are considered usual, customary and reasonable by most companies. This statement does not apply to companies who reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
4. If your health insurance sends you the payment, you are required to remit the payment and all included paperwork to Tancredi Chiropractic and Rehabilitation Center immediately. In some states, spending the money paid for a medical debt is a crime. If this payment is not immediately given to our office, legal action will be implemented.

Deductible payments must be made prior to insurance submittal.

If your insurance company requires a referral, it is your responsibility to provide us with one. If a referral is not provided and you choose to receive care, you will be billed for the service.

Coinsurance payments are payable when service is rendered, or at the end of each week. Coinsurance is that part of our service that is not paid for by your insurance, and is your responsibility.

Our office will qualify your insurance coverage in an effort to help you determine what chiropractic coverage is available under your insurance plan. If you have questions regarding your coverage, please feel free to speak to our staff. They will be glad to provide you with the information we received from your insurance company. We typically have this information on the visit after you provide your insurance information. You must ask our staff to explain your coverage and responsibilities to you. However, we highly recommend you call your insurance company and confirm this coverage. You should fully understand your benefits and your financial responsibilities to this office.

This office does not file for or accept coinsurance for secondary insurance carriers, but we will be happy to assist you in providing the necessary information.

We do not own your policy. We may experience difficulty in collecting from your insurance company. Since insurance assignment is a privilege, it may be terminated at any time. We ask that you act on your own behalf with your insurance company, to get the claims paid.

Patients whose visitation schedule is once per month or longer will no longer be eligible for insurance assignment. Charges for services rendered will be due as they are rendered. We will continue to assist you in providing the necessary information so you can be reimbursed.

This office does not guarantee that any insurance company will pay for the usual and customary charges of this office, nor will this office enter into any dispute with an insurance company over reimbursement or the amount of reimbursement.

The adult accompanying a minor patient and the parents (or guardians of the minor) are responsible for full payment. Parental consent is required in all cases, or treatment will be denied.

Should you discontinue care for any reason other than discharge by the doctor, all balances will become immediately due and payable in full by you, regardless of any claims submitted.

If you are involved in litigation regarding your case (i.e. motor vehicle accident/liability case) you must sign this form as a letter of protection. This assigns payment to us when your case settles and prior to disbursement of any funds. Keep a copy of this form and please forward a copy to your attorney.

When making a health care decision, it is important to remember that you, the patient, are ultimately financially responsible for any services rendered.

It is the goal of this office to provide you with the finest quality chiropractic care and rehabilitation available. We will incorporate the best of chiropractic and the best of Sports Medicine/rehabilitation into your treatment plan. Unfortunately, many spinal conditions can be chronic. Optimum results are achieved when the patient follows our instructions, and continues the rehabilitation/exercise program after leaving our office. This is the best way to prevent your condition from returning and requiring more care in our office. Our goal is to help teach you to manage your condition on your own. We welcome your questions regarding your health care or any of our policies. We welcome your referrals and look forward to a doctor-patient relationship that works for our mutual benefits. We have built our practice by providing the best quality of care available. We do not advertise or solicit anyone. Our patients come from your referrals and from other physicians. We look forward to a caring, trusting doctor/patient relationship, and your return to a healthy, happy, pain-free lifestyle.

I have read, understand, and agree to this Office Policy.

Signature of Patient or Responsible Party

Date