 

***The Offices of Drs. Dan and Penny Koval***

Welcome to our office:

Thank you for taking the first step to better health. We consider the opportunity to care for you a privilege and hope that together we can exceed your expectations in obtaining improved well-being. In addition to providing quality chiropractic care, Well Care is pleased to provide you rehabilitation services, massage therapy and various wellness and integrative resources. At Well Care we do more than just treat spines, we care for people. Our priority is your health and well-being. Well Care is pleased to provide the chiropractic, rehab and wellness programs through our different care tracks, please select the ones that best serve you:

|  |  |
| --- | --- |
| **CARE TRACK:** | **ESTIMATED COST:** |
| * Chiropractic/Rehab: Insurance only (Highmark and Medicare) | co-pay, deductible, co-insurance |
| * ChiroPlus: Insurance + Additional costs for treatment (Therapeutic Modalities) | $15 /Mod. |
| * In Balance: Uninsured/Uncovered Chiropractic services (Cash only) | $25-$60 /visit |
| * Chiropractic plus LivingWell Care: Insurance & private pay | Insurance costs + $75 /30 min |
| * LivingWellCare: Private pay: integrative wellness care for those who need more. | $75 /30 min |

*Wellness services are not covered by insurance and fees are due at time of service.*

*Please let our front desk know if you need additional information.*

In an effort to serve you efficiently please take a few minutes and complete the following paperwork:

🖑 New Patient Form 🖑 EHR 🖑 Payment Policy

 

**PATIENT PAYMENT POLICY**

PATIENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At WellCare there are several financial options available for payment of services, please check one option:

 Highmark Worker’s Compensation/Auto Injury Medicare Fee for Service

Please provide the following details:

Name of Insurance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_ Subscriber’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Well Care Chiropractic’s fee schedule is based upon usual and customary fees for the type of services provided.

Generally, your insurance policy will cover some portion of the services provided. ***Please note: There is no guarantee of payment****.* Should your insurance carrier deny payment, the total uncovered balance will be transferred to personal pay and will be your responsibility. ***You are responsible for any deductible, co-pays, co-insurance or ineligible charges.***

Monthly statements will be sent to your home advising you of the status of your account. Payment for your portion of the services, as outlined on the monthly statement under the “Due From Patient” column must be paid within 30 days of receipt of the statement, or there will be a 5% interest fee applied. Modified payment plans are available if necessary and no persons will be denied care due to financial hardship.

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INSURANCE VERIFICATION: (Please review verified information of financial responsibilities, sign and date)

At WellCare we make every effort to inform you, to the best of our ability, of any out-of-pocket expense. Upon verifying of your insurance the following information was provided:

Patient will be paying:

* A co-pay of $ \_\_\_\_\_\_\_ per visit (this amount may vary dependent upon coverage per service)
* A deductible of $\_\_\_\_\_\_\_\_; and/or
* A co-insurance of \_\_\_\_\_\_\_% per visit.

I attest that my insurance coverage and personal financial responsibilities regarding my treatment has been explained to me.

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Patient (or Guardian) Well Care Chiropractic Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

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Well Care Chiropractic appreciates your cooperation and welcomes the opportunity to serve you.