

Dr. Milligan's

FINANCIAL POLICY for 2019

OUR MISSION: To assist you in regaining your health & vitality in life. To offer state of the art compassionate care that is both effective and affordable.

CASH PATIENTS: 100% payment for services rendered due at the time of service. We accept cash, payment plans, checks, debit and credit Cards.

MEDICAL INSURANCE : As a courtesy we will bill your insurance for you. After that payment will expected at the time of service. Most major insurance companies do cover chiropractic treatment.

PAYMENTS / Insurance Billing: In general, payment is due at time of service, with a few case by case exceptions. To assist all our patients in quick insurance payment, we will electronically bill your insurance for you. We can also provide a statement sheet (a.k.a. superbill) that can be easily submitted to one's insurance company for reimbursement.

MEDICARE: Medicare will not pay for routine or maintenance care. YEARLY DEDUCTIBLE At the Beginning of each year, you have to meet your deductible before any payment can be sent from Medicare. We will bill Medicare for you, Medicare will then bill your secondary insurance. **WE are a non-participating provider for Medicare**, which requires your payment at the time of service. We will then submit your billing.

Medicare does not pay for EXAMS, X-rays, adjustments to your shoulder, knees, hands, or other necessary services.

WORKER'S COMPENSATION CASES: We are hesitant to accept Worker's Compensation cases. AS they do not serve the injured worker's best interest and payment is rare.

PERSONAL INJURY CASES: Auto accident insurance with "Med-Pay", may be billed for reimbursement. Your health insurance plan, may also offer coverage. . We offer a no interest Care Credit Plan. We also can make payment arrangements with you, so you get the care you need **WE do not accept third-party liens**. Otherwise, 100% payment is due at the time of service. At the close of your case, you are responsible for any balances due.

IT MUST BE UNDERSTOOD: We are not contracted with your insurance provider, you are.

They have no reason to work with us. They can save money by not paying their due. We can not promise that your insurance company will or should pay for services rendered. As a courtesy, our office will attempt help you. All monies due are solely your responsibility.

Patient Name _____ please check SELF, Parent
 Guardian

Signature _____ Date _____

