Simple 1-Page Financial Policy Summary

**Dr. B. J. Palmer Chiropractic Clinic**

**Notice**

**In an effort 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:**

Our clinic has established a single fee schedule that applies to all patients for each service provided.

You may be entitled to a network or contractual discount under the following circumstances:

* + If we are a participating provider in your health plan.
	+ If you are covered by a State or Federal program with a mandated fee schedule.
	+ We are a network provider in a DMPO that you may join. Patients who are uninsured, or underinsured (limited benefits for chiropractic care), will be entitled to network discounts similar to our insured patients. Membership is $49.00 a year and covers you and your dependents. Ask our team for more information.
	+ If you are eligible & choose a pre-payment plan, auto-debit plan or “prompt payment” option.
	+ Patients who meet state and or federal poverty guidelines or other special circumstances outlined in our “Hardship Policy” may be offered a discount for a period of time as determined by the clinic. Verification will be required.

As part of our compliance plan, as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ our office will be unable to extend any type of discounts other than those listed above.

**Acknowledged by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_