



SANTA ROSA  
CHIROPRACTIC NEUROLOGY  
CENTER

DR. F. BLAKE AMBRIDGE  
*Chiropractic Neurologist*

3540  
MENDOCINO AVENUE  
SUITE 300  
SANTA ROSA  
CALIFORNIA 95403  
PHONE: 707 575-9009  
FAX: 707 575-4267  
[www.BackToHealthSR.com](http://www.BackToHealthSR.com)

## Financial Policy

All of us at Ambridge Chiropractic Corporation dba Santa Rosa Chiropractic Neurology Center (SRCNC) believe it is essential to our patients and their families that we outline our expectations regarding the financial aspects of your visits with us. We have developed these policies based on industry standards and past experiences. These policies are presented in order for you to understand how we interact with you, your insurance company, and some of the constraints we must follow due to contractual and/or legal requirements.

It is our hope that you will find these policies useful. As always, it is our philosophy to work with our patients. Therefore, we encourage you to contact our Billing Accounts Manager in the event you have any questions regarding the items listed below or if you feel you are requiring any special considerations.

- 1) **Self-Pay:** All payments are expected at the time of service, unless other arrangements have been made. Your personal balance may not exceed \$100 at any time. Our payment plans make care an affordable part of your family budget.
- 2) **Copays:** Per our contract with your insurance company, co-pays are due and must be collected at the time of service. Co-pays cannot be "comped" or credited to an account as this would constitute a breach of our contract with your insurance company. We may choose to either reschedule an appointment in the event a co-payment cannot be made at the time of the visit or charge an additional \$5.00 to cover our cost of billing you for the for the co-pay.
- 3) **Co-Insurance and Deductibles:** We will bill you for any co-insurance or deductible amounts due as identified by your insurance company.
- 4) **Insurance Billing:** SRCNC will bill your insurance company for services provided. Ultimately, you are responsible for any charges not paid by your insurance carrier. By having us bill your insurance company, you are assigning your benefits to Ambridge Chiropractic Corporation. In order for us to accurately and correctly bill your insurance company, we require for you to provide us with the current information. This includes an up-to-date copy of your insurance card, identification card and a completed patient information sheet. These documents must be updated on an annual basis and/or whenever there is a change. Failure to provide accurate insurance and demographic information may result in you being liable for services rendered that day.
- 5) **Billing/Payment:** SRCNC will bill for charges that have been identified as your responsibility. We will not bill you for charges that are currently submitted to your insurance company or for any contractually agreed upon adjustments. Payment is required within 20 days of the billing date.
- 6) **Re-Billing Fee:** SRCNC reserves the right to impose a \$10 rebilling fee for any balance that is not paid within 20 days of the billing date.
- 7) **Eligibility:** You are responsible to ensure that one of the SRCNC practitioners' is eligible as an authorized provider within your insurance plan. You will be responsible for any charges denied by your insurance company in the event that our practitioner is not an authorized practitioner within your specific plan.
- 8) **Missed Appointments:** We respectfully request that you notify us 24 hours ahead of time in the event you cannot make your scheduled appointment so that we have a sufficient amount of time to accommodate other patients. Failure to provide a 24 hour notice and/or failing to show up for appointments will result in the imposition of a \$50.00 missed appointment fee.
- 9) **Returned Funds:** Any funds returned (i.e. checks) will be charged a \$35.00 service fee.
- 10) **Non-Covered Services:** As the subscriber, you are responsible for knowing the terms and limitations of your specific plan. SRCNC is not responsible for charges incurred as a result of any particular service not being covered and/or paid for by your plan, nor can the staff of SRCNC be responsible for knowing the terms of your policy, You are responsible for any visit, treatment, and/or equipment charged for and not covered under your plan.

- 11) **Reasonable and Customary Charges:** SRCNC, not your insurance company, establishes our fees schedule, which is based on published values. We reserve the right to accept or decline recommendations from your insurance company on what is defined as a reasonable and customary charge.
- 12) **Personal Injury:** Auto Insurance: Each patient is responsible for ensuring that payment is made on a timely basis on his/her Personal Injury account. If you have a Med-Pay policy on your auto insurance, we will assist you by billing them. However, we may ask for your assistance in getting your claims paid, by your calling your insurance adjuster, etc.\* If you do not have the benefit of insurance, we request that you obtain an attorney to assist you in the settlement of your claim. If you plan to hire an attorney, it is required that you sign an Attorney/Doctor's Lien. If and when you retain an attorney, we will have your attorney also sign the lien. This directs your attorney to pay all outstanding amounts due to our office upon the settlement of your case. We will take the responsibility to provide any information your attorney may need in order to reach settlement of your claim (including a medical report) upon written request and upon receiving your authorization. This service will be provided for a fee. If you do not have an attorney or insurance, please be prepared to pay in full at the time of visit.
- 13) **Collections:** We understand that at times there are extenuating circumstances that may limit your ability to pay off any outstanding balance. In these types of situations we may be able to arrange a payment plan. However, balances greater than 90 days old and where a payment plan has not been established may be turned over to an outside collection agency or small claims court. In the event this occurs, you may end up being discharged from the practice and responsible for any collection fees, billing processing fees and/or court costs incurred by SRCNC.
- 14) **After Hours and Saturday Charges:** In accordance with national billing guidelines, a \$50.00 charge will be billed for services performed on Saturdays, Sundays, or after normally scheduled hours. These charges may be adjudicated in full or part by your insurance company.

These policies are subject to change based on input received from our patients and changes within the industry. A current copy of this policy will always be available to you either at the office, or by sending in a stamped self-addressed envelope.

### **Santa Rosa Chiropractic Neurology Center Guarantee**

- It is important for you to note that our acceptance of you as a patient does not imply a "guarantee" of results. Only nature cures. Therefore, please realize that payment is for the service given, not for the results achieved. Our acceptance of you as a patient **does** mean that we feel confident that good results will be obtained. Our guarantee is this: we will do all we can to assist you in achieving the absolute highest possible quality of health.

By signature below, I acknowledge that I have read and understood this policy.

\_\_\_\_\_  
**Print Patient Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name and Relationship  
or Authority if not signed by Patient**