

**Bluffton Family Chiropractic
80 Baylor Drive Suite 108
Bluffton, SC 29910
706-3472**

PROFESSIONAL FEE SCHEDULE

Consultation.....	No Charge
Chiropractic Examinations.....	\$39-\$59
Chiropractic Office Visits.....	\$35-\$83
Chiropractic X-ray Studies.....	\$25-\$290
Electromyographic Studies.....	\$33-\$132

(All fees are standard and primarily based on our professional association's guidelines.)

Our experience has shown that it is wise to have an understanding with our patients as to our office policies and fees. This form has been prepared for your convenience and information. We offer several methods of payment for your Chiropractic Care at our office and you may choose the plan which best fits your needs. Please read carefully and choose the plan which you prefer. This information will enable us to better serve you and help avoid misunderstandings in the future. If special arrangements are necessary, please consult with the Doctor. Our main concern is your health and well-being and we will do our best to help you.

Plan # 1 – Insurance – If you have insurance which covers Chiropractic care, we will bill your insurance directly. We will collect your insurance information on your first visit. Until we have the completed, necessary insurance information to verify Chiropractic coverage, you will be required to pay for your care. Most patients with “deductible plus 20% pay” insurances donate a nominal fee, weekly, in addition to meeting their yearly deductible. In the event the insurance check should come to you, you are expected to bring the check to us. Remember, insurance companies balk at “maintenance” and long-term rehabilitation. Usually insurance will not help you much after your initial corrective care. Most ordinary “health” policies are designed and intended to only take care of acute problems so you should plan to “get off” insurance and be on your own when you get down to once a week or less care (except, possibly, some accident injuries). At this point, refer to Health and Life extension Plan (ask Doctor or office staff for details).

Plan # 2 – Cash – Fees are to be paid at the time services are rendered, unless special arrangements have been made in advance.

Plan # 3 – Weekly/Monthly Cash Agreement – For those non-transient, but active patients who qualify, we will extend knowledgeable credit through this plan; however, should you become inactive by discontinuing your care, your entire unpaid balance will be due immediately. This plan applies to all cases, except Workers Comp or Auto Injury Claim.

Plan # 4 – Workers Compensation – You need to report your accident to your employer, bring in the necessary insurance information, and sign the proper forms for billing by your second visit. If you do not have the information by the 2nd visit, we will take an imprint of your credit card and charge it if the information is not received within 10 days. We will bill your insurance directly.

Plan # 5 – Auto Injury – You will need to supply us with the accident report, your car insurance, health insurance and liable party's insurance and attorney's name, if applicable. Until necessary insurance information is gathered and verified for Chiropractic care, you will be required to pay for your care. We will bill your insurance directly after verification of coverage. In event the check should come to you, you are expected to bring the check to us.

Plan # 6 – Medicare – Per established Medicare guidelines, please bring us your Medicare information on or before your second visit. We will bill your Medicare directly. In the event the check should come to you, you are expected to bring the check to us.

Plan # 7 – Medicaid – You will need to bring your Medicaid card on your first visit and monthly thereafter. We will bill Medicaid directly. Co-pays are the patient's responsibility.

I qualify and understand plan # ____ requirements.

Signature _____ Date _____