

Fees, Financial and Insurance Information

Private Pay, Major Medical Health Insurance, Automobile Insurance, & Medicare PPOs & HMOs

If you have **major medical health insurance benefits**: A decision on whether or not to accept an assignment of benefits is made on a case-by-case basis depending on the type and extent of your coverage. If we decide to accept an assignment of benefits, you will still be ultimately responsible for all services rendered. Since we are a nonparticipating provider with insurance companies, any benefits afforded you would be on an out-of-network basis.

Our fees are considered usual, customary, and reasonable by **most major medical health insurance companies**. This statement doesn't apply to insurance companies who reimburse based on an arbitrary fee schedule, which bears no relationship to the current standard and cost of care in the area. Some services may not be covered by your health plan.

If you have **automobile insurance** benefits: We do accept an assignment of benefits with your automobile insurance. You will still be ultimately responsible for all services rendered including but not limited to deductibles and copayments.

If you have **Medicare PPO or HMO** benefits: We don't accept an assignment of benefits with your Medicare PPO or HMO. Since we are a nonparticipating provider with Medicare PPOs, any benefits afforded you would be on an out-of-network basis and paid to you. No HMO benefits are available.

Payment is expected at the time the service is rendered. We accept cash, checks, MasterCard, Visa, Discover Card, and the American Express card.*

Two factors determine your charges for any particular visit. They are: (1) the type of service rendered and (2) the amount of time spent to perform the service.

The fee for an initial physical examination and subsequent evaluations can range from \$100 for simple problem-solving to \$500 for very complex problem-solving. Included in this fee is an in-depth consultation. The typical cost is \$200 or \$300.

The charge for chiropractic manipulation is \$95.

We offer the most powerful and advanced Class IV laser therapy that is available anywhere in the United State. The Diowave® laser produces 100 Watts of Maximum Power with stealth Micro-Pulse® technology. The fee for a single 15-minute session is \$150. Multiple session packages are available and can be purchased at a discounted rate.

The cost of other physical therapies ranges from \$50 to \$95 per procedure.

Other available services and products include X-rays, CAT & MRI scans, ultrasound, and nuclear medicine exams, laboratory & bone density testing, applied kinesiology, functional medicine, diet, & nutritional counseling; nutritional supplementation & orthopedic supports.

Twenty-four-hour notice to cancel or reschedule an appointment is required or we reserve the right to charge for the visit.

If you have any questions, please do not hesitate to ask us.

Medicare Health Insurance (Part B): Centers for Medicare and Medicaid Services (CMS)

This office doesn't accept assignments on Medicare benefits. You are financially responsible for the payment of all services rendered. Any insurance claim submitted to Medicare will be on a non-assigned basis. Any payment by Medicare will be sent to you.

After your deductible has been met, you may have chiropractic coverage. For benefits to be available, you must have a musculoskeletal or neurological condition with an acute onset and that condition has to be directly related to the spine.

The only reimbursable service is spinal manipulation. The fee for spinal manipulation can vary from \$30 to \$65 per visit. Medicare will pay for spinal manipulation at approximately 80%. A supplemental insurance policy will pay for spinal manipulation at approximately 20%. Treatment of a chronic condition and maintenance care is not reimbursable.

An initial physical examination, subsequent physical evaluations, x-rays, laboratory testing, applied kinesiology, functional medicine, diet, nutritional counseling, nutritional supplementation, and orthopedic supports are not reimbursable.

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If Medicare denies payment for any of the spinal manipulations, I, as the beneficiary, authorize you, Dr. Greenstein, to act on my behalf to request a review.

Twenty-four-hour notice to cancel or reschedule an appointment is required or we reserve the right to charge for the visit.

If you have any questions, please do not hesitate to ask us.

Workers Compensation:

This office does accept an assignment of benefits on workers' compensation cases. Authorization must be received from the insurance company before any treatment can be rendered.

* Patient financing is available through Care Credit®

By signing this form, I acknowledge reading and understanding the specifics about fees, financial, and insurance information as it pertains to my situation.

Patient Signature: _____ Date: _____

Patient Printed Name: _____