

Dr. Nate Greenstein's Office Policy

Financial Information

- Payment is expected when the service(s) is/are rendered for private pay patients, and patients with insurance including major medical, Medicare Advantage, and Medicare CMS Part B unless prior arrangements have been made. We accept cash, checks, MasterCard®, Visa®, Discover Card®, and the American Express Card®. Patient financing is available through Care Credit®.
- Two factors determine the cost of any particular visit. They are (1) the type of service(s) rendered and (2) the amount of time spent to perform the service(s).
- Your first visit usually includes a consultation and physical assessment/examination and starts at \$200 for simple problem-solving to \$500 for very complex problem-solving. The typical cost ranges from \$200 to \$400.
- Subsequent evaluations can cost from \$200 to \$500.
- The chiropractic manipulation fee is \$95. Medicare CMS Part B patients pay from \$30 to \$65.
- Diowave™ high power laser therapy with stealth Micro-Pulse™ technology is \$150 for one 15-minute session. Multiple session packages are available and can be purchased at a discounted price.
- The fee for applied kinesiology and physical therapies ranges from \$50 to \$95 per procedure.
- Services and products offered: Functional medicine; dietary/nutritional counseling; nutritional supplementation; and orthopedic supports.
- Diagnostic tests offered: X-rays; CAT and MRI scans; ultrasound, nuclear medicine, and nerve conduction exams; laboratory and bone density tests.
- Twenty-four-hour notice to cancel or reschedule an appointment is required or we reserve the right to charge for the visit.

Insurance Information

- **Major medical health insurance:** As an out-of-network provider, treatment is rendered without an assignment of benefits. Upon request, an insurance claim form/receipt for services rendered can be generated and submitted to your insurance carrier for processing and any reimbursement made will be sent to you, the patient, or insured.
- **Medicare CMS Part B health insurance:** As an out-of-network provider, treatment is rendered without an assignment of benefits. Spinal manipulation is the only reimbursable service. If Medicare is your primary coverage, the reimbursement for the spinal manipulation fee will be approximately 80%; then, your secondary/supplemental policy reimbursement will be approximately 20%. For the spinal manipulation fee to be reimbursed, you must be experiencing an acute musculoskeletal or neurological condition, and the cause must be directly related to the spine. Treatment for a chronic condition and maintenance care are not covered.
- **Medicare Advantage PPO and HMO insurance:** We do not participate in those health plans.
- **Automobile insurance:** We treat automobile accident patients and usually accept an assignment of benefits. You are still responsible for all services rendered including but not limited to deductibles, copayments, and any non-covered services.
- **Workers Compensation Insurance:** We do not render treatment to patients covered by the workers compensation health insurance program.

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

By signing the office policy, I acknowledge reading and understanding the information as it pertains to me.

Patient Signature: _____ Date: _____

Patient Printed Name: _____