

## **Integro Sports and Rehabilitation Chiropractic**

### **Financial Policy and Patient Responsibility**

*Integro Sports and Rehabilitation Chiropractic is committed to providing our patients with the highest quality care. We thank you for taking the time to read and understand our policy.*

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It is the Patient's Responsibility:

- To know your insurance policy. You should be aware of your benefit coverage including which healthcare providers are contracted with your plan, covered and non-covered benefits, authorization requirements, and cost share information such as deductibles, coinsurance, and co-payments. If you are not familiar with your plan coverage, we recommend you contact your carrier directly.
- To obtain authorization for treatment from your insurance carrier prior to receiving services. Any non-covered services are the financial responsibility of the patient.
- To pay your co-payment at the time of service or estimated co-insurance carrier.
- To promptly pay any patient responsibility indicated by your insurance carrier.
- To facilitate in claims payment by contacting your insurance carrier when claims have not been paid.

It is Integro's responsibility:

- To provide quality medical care.
- To file insurance claims as a courtesy to the patient. A 60 day period will be extended for pending insurance payment, after which the patient may be held responsible for the entire balance.
- To provide superbill for submission to insurance if we are not part of the insurance network.

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#### **Financial Policy Acknowledgment:**

I have read and understand the above financial policy. I understand that, regardless of my insurance claim status or absence of insurance coverage, I am ultimately responsible for the balance on my account for any services rendered.

\_\_\_\_\_  
Patient or Responsible Party Signature

\_\_\_\_\_  
Date

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#### **Release of Medical Information and Assignment of Benefits:**

I authorize the release of medical information necessary for filing health insurance claims for me by Integro Sports and Rehabilitation Chiropractic. I also authorize my insurance carrier(s) to make payment directly to Integro.

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Patient or Responsible Party Signature

\_\_\_\_\_  
Date