Advanced Chiropractic Health Center
Working for your wellness, naturally

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Acupuncture, Applied Kineseology and Chiropractic Pediatric Certified

BENEFICIARY NOTICE UNDER PRIVATE INSURANCE OR HEALTH PLAN

NOTE: **If your private insurance carrier or health plan doesn't pay for services rendered, you are responsible to pay.** Your private insurance carrier or health plan does not pay for everything, even some care that you and/or your health care provider have good reason to think you need. Your carrier or plan does not pay for care that it determines to be "medically unnecessary" or "experimental and/or investigational," even if you and your health care provider deem the care to be necessary and its effectiveness substantiated. Insurance carriers may even cap their payment per visit coverage and label certain payment owed as disallowed. To the best of our information (including information that may have been provided by your insurance carrier or health plan, if applicable), we expect and believe your private insurance carrier or health plan may not pay for the listed:

Exam & Office Visits: $90-$350 Physiotherapies & Acupuncture: $25-$60 Myofacial release & Massage: $45-$75 Brief Manual Therapy & Therapeutic Activities: $15-$45, Supports, Orthotics,Tests & Supplements: $40-$450 Extra-Spinal Manipulation: $45-$55 Chiropractic Manipulation: $35-$55 as well as any Disallowed, Supportive, Maintenance and Wellness treatment of any kind, including Capped Payment/visit coverage.

WHAT YOU NEED TO DO NOW:

- Read this notice so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the procedure listed above.

_____**Option 1.** I want the procedure listed above. Advanced Chiropractic Health Center (ACHC) may ask to be paid now, but I also want my private insurance carrier or health plan to be billed for an official decision on payment, which is sent to me on an explanation of benefits. I understand that if my private insurance carrier or health plan does not pay, I am responsible for payment for the entirety of my account, but I can appeal to my private insurance carrier or health plan by following the directions on the explanation of benefits. If the insurance company does pay, you (health care provider) will refund any payments I made to you, less co-pays, coinsurance or deductibles.

_____**Option 2.** I want the procedure listed above, but do not bill my private insurance carrier or health plan. ACHC will ask to be paid now, because I am responsible for payment for the entirety of my account. I cannot appeal if my private insurance carrier or health plan is not billed. If I choose to bill myself, I agree that ACHC is not responsible for accepting assignment and applying any contact cuts.

_____**Option 3.** I do not want the procedure listed above. I understand with this choice I am not responsible for payment and I cannot appeal to see if my private insurance carrier or health plan would pay.

Signing below means that I have received and understand this notice for the entirety of my services rendered and those to be rendered. My health care provider will receive and retain a copy of this Notice.

_____ _____

Signature of Patient or Authorized Representative/Responsible Party | Print Name | Date Signed