

## INSURANCE POLICY

Please read our policy concerning insurance billing.

**Please verify your insurance benefits related to chiropractic services.** We will be happy to assist you in verifying your insurance benefits, however you need to confirm verification as you are responsible to know your benefits. **Your insurance benefits are an agreement between you and your insurer.** Dr. Gensler will not enter into any dispute with your insurance company; however he will supply all necessary information to assist in the processing of your claims for our services.

Please **respond timely if you receive a questionnaire** related to your claims for our services in order to avoid delay in claim processing. Please inform us if you receive a new identification card or know of any changes in your policy in order to avoid delay in claims processing. Policy changes may occur anytime during the year.

**Deductibles and co-payments are an out of pocket expense.** When your insurance company processes claims toward deductible you will be asked to pay for those dates as they are considered your portion of your benefits. Once a deductible is met for the year claims are paid and a co-payment may be applied to your portion of your benefits. **Payments for our services are due as they are rendered to you.** You may select to pay for a number of your co-payments when your visits are frequent.

**Some policies require a referral** from your Primary Care Physician (PCP) and/or treatment approval from your insurance company. **Please verify** if your policy is subject to these requirements. **You are responsible** to secure referrals and/or treatment approval prior to treatment.

Insurance claims are filed electronically and need to be submitted within 90 days of the date of service. **Claims are subject to the approval of your insurance company.** We employ a billing service to file claims and follow up on their status; however, we may need your assistance if your insurance company doesn't submit a payment. You will be billed for any unpaid claims we are not able to collect.

I have read the insurance policy -

Patient Name \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_