

McGinnis Chiropractic, Inc.
Office Policy & Financial Arrangements

We welcome you to our office and assure you that you will be receiving the very best care available. The fees charged in our office are comparable to those charged by other health care providers with similar qualifications in this area.

For Patients without Insurance

It is customary to pay for professional services when rendered. We ask that you pay for your first visit with cash, check, VISA, MASTERCARD or DISCOVER. It is our policy that payment be made at the time of each visit.

For Patients with Insurance

Health and accident policies are an arrangement between you and your insurance company. As a courtesy, we will accept your insurance once verified by our office. We will file your claim forms and assist you in every way we can.

For Patients with Medicare

Our office will bill Medicare and any supplemental insurance you may have. You will be required to sign a separate form we provide what will explain, in detail, the Medicare benefits.

For Patients Injured On the Job (Worker's Compensation)

Your employer is responsible for any costs in treating your work-related injury, including attorney fees, if necessary. If your injury is work-related, be sure to tell us before starting treatments, as pre-authorization is required.

For Patients Involved In Personal Injury

If you were involved in an auto accident, we will bill the medical insurance portion of the insurance policy of the vehicle in which you were riding. If you were the owner of the vehicle we will bill your own auto insurance company. If you were a passenger in someone else's car, we will bill the driver's auto insurance company. If you were a passenger in an uninsured vehicle, but you own a car that has medical coverage, your own auto insurance will be responsible for your medical bills.

If you were involved in a slip-and-fall type of accident, we will bill the responsible party and/or your attorney.

Financial Arrangements

By taking your insurance on assignment, we have to wait for payment. This courtesy may be withdrawn if circumstances warrant it. If you discontinue care without our authorization, the balance of your account is due and payable in full, even if your insurance has been filed.

There will be a 1.5% monthly finance charge on all unpaid patient balances over 60 days past due. Our office will not make any attempt to resolve any dispute over your claim. This is ultimately your responsibility and obligation.

You should pay your co-pay, co-insurance and/or deductible each visit.

All checks received from your insurance company will be promptly credited to your account. If there is an overpayment, we will issue a refund. If there is a balance owed, we will bill you.

You will be required to sign an "Authorization to Pay" form and any other assignment or lien forms required by your insurance company.

If you have any questions feel free to discuss them with our office manager and/or billing specialist.

Thank you for coming to our office for your health care. You and your health care needs are our chief interest and concern.



I am receiving, or about to receive, health care services in this office and understand that I am directly responsible for all my health care bills submitted by this office for services rendered.

This agreement is made solely for the provider's protection in consideration of having to wait for payment of these services, providing that there continues to be a reasonable probability that payment will be made, either by insurance proceeds or out of the settlement of liability.

I have read and fully understand my responsibility concerning the payment of services rendered.

Patient Signature (or parent, if minor)

Date Signed

Witness Signature

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