



Schmidt Chiropractic Center

320 E Hill St, PO Box 215 - Norwood Young America, MN 55368

www.schmidtchiro.net P: (952)467-2505 F: (952)467-9104

Dr. Julie Schmidt, DC & Dr. Nick Heckmann, DC



Financial Policy

Participating Health Insurance

This clinic is a participating provider with the following insurances (these are subject to change at any time, and may include other healthcare plans):

- Blue Cross Blue Shield of Minnesota
- Preferred One Products & Select Care/Laborcare
- Medica, Principal Financial Group, United Health Care, Great-West Healthcare (Including Senior Plans)
- Health Partners, Ucare, Cigna Health Care, Patient Choice (Including Senior Plans)

It is the responsibility of the patient to verify insurance coverage for chiropractic care. Benefits quoted are a general outline and are not a guarantee of payment. As a provider, the clinic cannot hold a patient responsible for any usual and customary provider reductions. Depending upon your plan, you may be responsible for a percentage, copay and or deductible at each visit. Copays are due at time of service. If patient account is 90 days delinquent, account will be turned over to a credit agency, and a processing fee of 30% will be added to patient's bill.

I choose to have the clinic submit my chiropractic treatments to my health insurance.

Patient Signature

Date

Printed Name

SSN

Time Of Service Discount- Cash Rate

Patients without medical insurance, or who have insurance and choose not to utilize their insurance benefits, are required to pay for their chiropractic treatment the same day that treatment was received. By paying the same day, you will be eligible for the ***Time of Service*** discounted rate, which is \$45.00 per treatment. This fee is for services including, but not limited to: soft tissue massage prior to treatment and the spinal/extraspinal adjustment. If patient account is 90 days delinquent, account will be turned over to a credit agency, and a processing fee of 30% will be added to patient's bill.

Please note: If you are paying the Time of Service discounted rate of \$45.00 we are not submitting charges to your insurance. Neither you nor, our office can submit the time of discount rate to your health insurance.

I choose to pay the *Time of Service Rate* of \$45.00 for my chiropractic treatments.

Patient Signature

Date

Printed Name

SSN