**Saggau Chiropractic Clinic Ltd.**

**Financial Policy** and acknowledgment of Privacy practices

Thank you for choosing us as your health care provider. We are committed to providing you with the best possible care. Your clear understanding of our financial policy is important to our professional relationship.

We file insurance claims as a courtesy to our patients if all necessary information has been provided. We

WILL NOT become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, usual customary charges, etc., other than to supply factual information as necessary. YOU ARE RESPONSIBLE FOR THE TIMELY PAYMENT OF YOUR ACCOUNT.

**Medicare:** We are a participating provider and we accept assignment. We will submit your claim to Medicare and any supplemental insurance that is provided to us. Medicare will pay us directly for **active care** treatment. **Medicare will NOT pay for x-rays, exams or maintenance care**. You will be responsible for any charges not covered. Please refer to your policy handbook for benefits for any ***replacement/cost contract policies***. We are out-of-network for all replacement/cost contract plans.

**All Other Insurance Companies, including *Blue Cross Blue Shield* :** Dr. Saggau is considered out-of-network or non-participating(Non-participating/out-of-network status means that you may have discounted or no benefits for services rendered in this office). Please refer to your policy handbook for your specific out-of-network chiropractic care benefits.

**Medical Assistance:** We are a participating provider and will submit your claim to MA. You may be subject a Co-pay. You will be responsible for any charges not covered.

This office is NOT in the network for Ucare, MnCare and all other managed care plans through Medical Assistance, if your coverage changes within Medical Assistance to any of these programs you will be responsible for all charges.

**Worker’s Compensation:** Necessary information must be provided to file your claim with the Work Comp carrier. If you are unable to provide us with this information, you are responsible for payment in full.

**Motor Vehicle/Liability:** We will submit a claim to the appropriate insurance company if you provide us with the insurance company name and address along with the claim number. If we do not have this information you are responsible for payment in full.

YOUR INSURANCE COVERAGE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY.

**Minor Children:** For unaccompanied minors, initial non-emergency treatment will be denied. The parents or guardians of a minor are responsible for payment of services. Our office WILL NOT become involved in disputes between divorced parents.

Balances are due in full. We accept cash, personal checks, Visa, MasterCard, and Discover. In the event you default on payment of the amount owed, collection action will be initiated. If you have any questions or concerns regarding this policy, please contact Saggau Chiropractic Clinic, Ltd at (507) 625-9060.

By signing below you authorize the direct payment to Saggau Chiropractic Clinic, Ltd. by any insurance company obligated to make payment upon charges for services.

*Your signature below acknowledges that you have read and understand the financial policy of Saggau chiropractic Clinic, Ltd. and you agree to be bound by its terms.*

*By signing below I acknowledge that I have received or was offered a copy of the patient privacy policy for Saggau chiropractic Clinic, Ltd.*

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 Signature of Patient or Authorized Representative Date

(Parent or legal guardian may sign if the patient is under age 18)

 Relationship to Patient (if not patient) X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_