

## The Insurance Industry - INSURANCE IS A BUSINESS -

You or your employer pay a premium, the insurance company invests this money for profit and places it in their bank account. Fees for chiropractic services are then submitted to the insurance company, and they determine the reimbursement to the doctor. The amount of reimbursement has more to do with the amount of premium paid and how much money they make off of it than it does with how sick you are or how soon you will get well. Insurance companies **PROFIT** from selling insurance.

Over the past decades, insurance companies have realized less profits through their investments. This has caused insurance companies to come up with new ways to make money - not to cover benefits! They call these "new ways" HMO's, PPO's, POS's etc.... These are plans that help increase profits, not provide health care. If these plans worked, America would be healthier, more people would be insured and you would receive more benefits for less premium. This is obviously not the case.

Our interest in you is **ONE OF HEALTH!** Our fees are not based on what we gain or lose in the stock market. We develop an individual treatment plan designed to provide the necessary Chiropractic care to return you to the optimal level of function that you can obtain - and to try and keep you at that level.


We do not believe that it is in your best interest to compromise necessary health care, nor will we base your needs on your insurance benefits, which are usually less than optimal. Remember, the least expensive alternative is usually not the best option. For example, **PAIN RELIEF** is not the same as **CORRECTIVE OR RESTORATIVE CARE**. Pain relief is usually covered by all insurance companies, whereas corrective, restorative or maintenance care is not. Would you rather have your dentist give you a filling or give you the root canal and crown that you need?

Insurance policies vary widely - very widely! A single insurance company, such as Blue Cross/Blue Shield, may have anywhere from one to one hundred different policies or contracts that they offer, sometimes offered through the same company in which you are employed. Each of these contracts differs in terms of the co-payment, deductible, benefits, annual maximums, etc.... Therefore, our office can't possibly know which exact policy that you have and what your coverage is. It is **imperative** that you contact your employer or insurance company to inquire as to what **your benefits** are and what coverage they have for chiropractic care. *Just because your insurance company may limit chiropractic coverage doesn't mean that you don't need chiropractic care!* Our office cannot and should not be held responsible for a lack of chiropractic coverage on your policy. For example: we have instances where patients have contacted their insurance company and were told, or we were told that a certain level of coverage existed, but this was different when the reimbursement was received by our office. **THIS IS NOT OUR RESPONSIBILITY!**

Insurance coverage can be very confusing so you must ask the right questions when you call your insurance carrier to inquire about your benefits. **DON'T ASSUME** - call and please ask us for help! *The American Chiropractic Association recognizes the importance of chiropractic access and benefits to improving the overall health of all Americans and works regularly and diligently with insurance policy makers to improve standards in the industry.*

Our obligation to you is to provide **HEALTH CARE** - we gain no profit from selling you insurance! Although our office will assist you in almost any way possible to determine your benefits, compensation for your chiropractic care is ultimately your responsibility. **Please ask us for our assistance.**

Our staff does its very best to assist you in every aspect of your chiropractic care. If you ever have any questions or concerns, no matter how big or small, we are here to help make your chiropractic experience a positive one!



# The Financial Side of Your Care

## Koehler Chiropractic Offices

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**A**s a courtesy, our staff and billing department will assist you in completing the necessary paperwork and submit your claim to the insurance company for reimbursement. Insurers are required by law to make a decision on paying your claim in a timely fashion. If they delay the payment of your claim by (A) asking for more information, (B) sending it for a review process or (C) saying it is above usual and customary/not medically necessary, etc...., remember this is a **FINANCIAL** interest. The longer they delay paying, the more profit they make by keeping your money - you and I do not benefit from this! In addition, please remember that your insurance is a contract between YOU and YOUR INSURER, employer or plan sponsor. If you have problems or are dissatisfied with your reimbursement level, you should discuss this with your insurance company or employer.

Our Policy:

1. All nutritional supplements, laboratory work, orthopedic appliances, ice packs, etc. must be paid for in full when purchased.
2. If you do not have insurance coverage, each visit must be paid for in full on the date of that visit.

If you are contemplating purchasing health insurance, inquire if chiropractic coverage is included in your policy and what the actual benefits are. Chiropractic is automatically covered in some policies and the inclusion of chiropractic care can be valuable in obtaining total health care for your family. In fact, recent research data indicates that chiropractic coverage can actually be a cost reducing factor for insurance companies.

#### **Work "on the job" inquiry - Illinois Worker's**

Compensation Law requires that insurance pays in full for chiropractic care. In addition, Illinois Law requires that you notify your employer of the injury before seeking health care for an on the job inquiry. **UPON VERIFICATION FROM YOUR EMPLOYER**, we will bill your worker's compensation insurance. This office retains membership in a number of cost containment organizations that will be of benefit to you and your employer. You must let us know in advance if your company is a member of these organizations so that all required documentation can be processed efficiently.

**M**otor Vehicle/Collision/Personal Injury - For all motor vehicle collisions/accidents, we require that you provide us with the following:

- Auto Insurance - for you and all involved parties
- Health/Major Medical Insurance information
- Any supplemental insurance policy information
- A copy of the motor vehicle accident report
- If applicable, the emergency room/ambulance records or a signed release of information so that we can obtain the same.

If you have retained an attorney or if you retain one at any time during the care, it is important that you notify our insurance department immediately.

**IF YOU FAIL TO PROVIDE OUR OFFICE WITH ALL OF THE ABOVE INFORMATION, YOUR ACCOUNT WILL BE PLACED ON A CASH BASIS!**

Although you are ultimately responsible for your bill, if you have allowed us to bill all available sources, our office will wait for settlement to be paid on any remaining balance, as long as you are an active patient. If, however, you suspend or terminate care for any reason, any fees for services are due immediately.

**Medicare Insurance** - This office accepts Medicare assignment. This means that we bill Medicare for all services and wait for their portion of payment and will collect from the patient only the difference between what Medicare approves and what Medicare pays. In addition, our office will bill separately for any secondary Medicare coverage that you might have, but we can only do this once Medicare has considered all submitted charges.

As of October 1, 2004, Medicare pays only for ACTIVE TREATMENT of a spinal diagnosis/condition when an examination or x-rays demonstrate two of the following four criteria: pain/tenderness, range of motion abnormality, spinal asymmetry (misalignment/subluxation) and changes in tissue tone (e.g. spasms). The amount of chiropractic care Medicare pays for depends upon your diagnosis. For example: Medicare will pay for a minimum of 12 visits per year if you have a diagnosis of strain/sprain of your neck/low back, but if your problem is sciatica (leg pain) with disc degeneration (decay),

Medicare may possibly cover this diagnosis for up to 40 or more visits a year. Medicare will not pay for, but in some instances requires the following items (**patient responsibility**):

- Examination
- X-rays
- Nutritional supplements
- Orthopedic appliances/supports
- Ice Packs
- Physical/Physiotherapy

Medicare will not pay for **MAINTENANCE CARE**. Maintenance care is defined as regular chiropractic care that is ongoing at regular intervals (one time per month, two times per month) for an extended period of time. If our office (the doctor) determines that your care is maintenance in nature, we will inform you and your chiropractic care must be paid for on a **cash basis**.

If you request our office to bill Medicare for maintenance care for the purpose of secondary insurance coverage, we will do so.

**A****DVANCED BENEFICIARY NOTICE - ABN** - All Medicare recipients are required by law to read and sign this document. The ABN details what Medicare pays for and what it does not. It must be presented to you for review and signature at the following times:

- When you are a new patient to our office
- You have a new injury or when you have a re-injury or flare-up
- At least one time per year

**IMPORTANT:** If you do not sign the ABN or check the "no" box on the ABN form, we cannot bill Medicare for any chiropractic care. We still will be able to bill another insurance carrier that you may have in addition to Medicare, but remember that most secondary policies only cover what Medicare covers.

**All Other Insurance** - If you are not covered by Medicare or your case is not work related, an auto accident or personal injury case, this applies to you.

