THE CENTER FOR MANUAL MEDICINE
&
REGENERATIVE ORTHOPEDICS

"We help you, help yourself"

5000 SW 21st Street Topeka, KS 66604 Phone: 785-271-8100 Fax: 785-271-9257 ctrmm.com

Payment Policy

Thank you for choosing us to be your Musculoskeletal Specialists. We are committed to providing you with quality and affordable health care. Please read our payment policy and ask us any questions you may have.

Insurance: We participate in most insurance plans **excluding Medicaid.** If you are not insured by a plan we do business with, payment in full is expected at time of service. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full is due at time of service, until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance coverage with any questions you may have regarding your coverage

Co-Payments: All co-payments must be paid at the time of service. This arrangement is part of your agreed-upon contract with your insurance company. Failure on our part to collect co-pays from patients, while billing insurance, can be considered fraud. If your co-payment is not made at the time of service, a $10.00 late charge will be added to your account.

Non-Covered services: Please be aware that some of the services you receive may not be covered. You must pay for these services in full at the time of your visit. Advance Beneficiary Notices (ABN) will be filled out if you have insurance, but the services are not covered by insurance. In some instances we will submit to insurance to determine coverage.

Proof of Insurance: All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your current insurance card and drivers license.

Claims submission: We will submit your claims and assist you in any way we reasonably can. Your insurance company may need you to provide certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance pays. Your insurance benefit is a contract between you and your insurance company; we are not a party in that contract.

Coverage changes: It is your responsibility to notify us of coverage changes ASAP.

Nonpayment: If your account is over 90 days past due, you will receive a letter stating that you have 10 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency.

Missed appointments: We charge for missed appointments not canceled at least 24 hours in advance. These charges are your responsibility and will be directly charged to you. Please help us serve you better by keeping your appointment. We charge a $25.00 fee for missed appointments.

I have read and understand the payment policy and agree to abide by its guidelines:

Sign:____ Date:__________________