

FEE SCHEDULE & PAYMENT POLICY

New Patient Exams	\$59-215	IST Roller Table	\$30
Adjustments	\$40-70	Electric Stimulation	\$35
Massage Therapy	\$45-180	Exercise Programs	\$55
Myofascial Therapy	\$55-220	Spinal Decompression	\$75

Fees have been calculated using Medicare Non-Facility Charges for Arizona. They are approximately 133% to 240% of those allowed amounts and are considered usual and customary (U & C) for AZ. The amount billed to insurance for a typical visit excluding exam and diagnostic testing is \$70 to \$330.

Self Pay. A time of service (TOS) discount is offered for those who choose to pay on their visit.

Hardships. I want you to get the care you need. If there is a financial hardship and you cannot afford care please notify us so a payment plan can be arranged.

Insurance. It is your responsibility to know your benefits. We will assist you in obtaining benefit information, submitting your claims and pursuing reasonable follow-up, however; you are ultimately responsible for ensuring your claims get paid in full. Any applicable co-payments, co-insurances & deductibles are due at the time of service or after receipt of insurance statement. Your signature below will assign the benefits to be paid directly to Daniel J. Carlow, DC, PC DBA Islands Chiropractic for all health care services rendered to you here. If your insurance company does not allow for this and sends payments directly to you or the member, you are responsible to bring those payments in to Dr. Carlow within 14 days of receipt. Please notify us of any insurance changes before your visits.

Denied Services & Advance Beneficiary Notice. Some or all of the services you receive may not be covered by your insurance company. You are still responsible for these services regardless of insurance company denials or the doctor's network participation. We will do our best to alert you to potential denials; however, we don't always know when an insurance company will deny a service. You may choose not to receive services that may potentially be denied.

Personal Injury Claims. By signing below you are agreeing that all claims will be paid at 100% of the billed amount regardless of the outcome of your case or any insurance network participation. We may accept your claims on a lien and await payment from your insurance company. If so, we will wait up to 120 days from your last date of service to receive payment in full on your balance.

Overdue Accounts. If your account balance becomes over 30 days past due, you will receive notification that you have 30 days to pay your account in full. Unpaid balances are turned over to collections and all fees, including, but not limited to, collection fees, attorney's fees and court fees shall become your responsibility in addition to the balance due the office.

Payments/Refunds/Returned Payments. Your credit card will be kept on file and charged for any missed appointments, cancellations, or unpaid balances. If choosing to make payment using quick pay apps such as but not limited to Zelle, Venmo, etc. you understand your payment may be public record. If a check or debit is returned for any reason including insufficient funds you will be charged a \$25 service fee per check or transaction due immediately. If a credit card refund is requested there will be a \$10 charge back fee due immediately.

Cancellations/Missed Visits. For massage therapy appointments: Less than 24 hrs notice of cancellation is subject to a fee of 50% of your scheduled service charge and same day no show or cancellation are subject to a fee of 100% of your scheduled service charge.

By signing I acknowledge I fully understand all the above and accept the cost of my treatments.

Patient, Claimant or Policy Holder Signature

Date