

**STEVEN B. WASSERMAN, R.N., D.C.**  
3772 KATELLA AVE., STE. 100  
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tel (562) 430-4949 fax (562) 430-7544

## **PERSONAL INJURY OFFICE POLICY**

Dear \_\_\_\_\_; Date: \_\_\_\_\_

Due to the complexity of motor vehicle accidents/slip and fall accidents/or any personal injury accidents; insurance company policies; policy limitations, police and accident reports, etc., it is best that the insurance, business, and legal aspect of your care be handled directly by you.

Below are the possible ways to handle your case:

1. If you pay for care on your own without any insurance coverage, it is our office policy that during your course of treatment, that full payment is due as services are rendered at time of treatment. You must be informed that the insurance company you may be dealing with may or may not reimburse you. We will give you our itemized statement for services rendered to you at the end of each week. This is the bill that you will turn into your insurance or the other parties' insurance company.
2. There are some cases when our office will accept your medical insurance as payment for your motor vehicle injury, but this is determined on a case-by-case basis. If you choose to utilize your health insurance, you are responsible for all co-pay, co-insurance, or deductibles owed at the time of services rendered. If you overpaid the above, you will be reimbursed once the explanation of benefits from your health insurance company has been received for those dates of services rendered.
3. If we utilize your auto med pay insurance, you must put a down payment or pay in full each visit. When the insurance pays our office in full, you will be directly reimbursed your down payment minus any balance due, by our office. Again, is determined on a case-by-case basis.

Please note that just because a third party (the party that caused your injury) is at complete fault, does not mean that they will cover or take any financial responsibility for your injury. These decisions take place at a later date by parties involved. You are ultimately responsible for your bill, not yours or the other person's insurance carrier.

If there is a request for your records or chart notes to be copied by you, your attorney, or insurance company, there will be a charge of \$25.00. If a full narrative report is requested, there will be a charge of \$150.00 to \$250.00. All payments are due prior to record or report release. Our office does not accept attorney liens.

I have read, understand, and agreed to the above office policy:

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE FEES**

**Initial consultation, exam, adjustment, and PT:** \$100.00

**Initial consultation, exam, adjustment, PT, and x-rays:** \$175.00

**X-rays:** \$75-150.00

**Adjustment and PT:** \$55.00

**Adjustment/hot pack:** \$40.00

**Supplies:** separate charge per item

(PT=electrical stimulation and /or ultrasound)

**OFFICE POLICY: OUR OFFICE DOES NOT BILL REMAINDER OF BALANCES DUE. ALL FINANCIAL MATTERS WILL BE HANDLED AT TIME OF SERVICES RENDERED.**

**THREE PAYMENT OPTIONS ONLY:**

1. **CASH** (Please ask about our discount program “purchase 10, and receive 12.”)
2. **PAYMENT WITH CHECKS:** If you choose to pay with a check, it is our office policy that a copy of your credit card be left on file. If a check bounces, your credit card will be automatically charged the amount of check plus a \$25.00 bounced check fee, no exceptions. We will send you notification that your credit card has been debited.
3. **VISA, MASTER, AND DISCOVER CARD.**

Our office wants your care to be about you, not about your insurance company. If you have any questions, please feel free to ask.

Sincerely,

Johanna W., Office Manager

I have read, understand, and agreed to the above office policy:

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Q & A PERSONAL INJURY OFFICE POLICY**

Due to the complexity of motor vehicle accidents, you may have some questions;

**Q: I was not at fault from my accident, who is responsible for paying for my Chiropractic care each visit?**

A: You are. No matter who is at fault, initially, you are responsible for the bill.

**Q: What if I have medial-pay on my auto insurance policy?**

A: Our office will bill the total amount due for all services rendered each visit to your auto med-day policy. Your insurance may or not pay, or they may not pay in a timely manner.

**Q: Since my insurance may or may not pay, what is this going to cost each visit?**

A: It is our office policy for personal injury cases; you must put a down payment or also called a partial payment of the total amount that is being billed to your insurance company or med-pay. When your insurance pays our office in full, you will be directly reimbursed your down payment/partial payment you personally paid.

**Q: Why do I have to pay a down payment/partial payment each visit?**

A: Due to the complexity of a personal injury case, fault factors, there is no guarantee that our office will be paid, therefore, if no money is received in your case, we will waive the balance due, and consider your case paid in full at that time.

**Q: If I pay for care on my own without any health insurance or med-pay coverage, what is my cash fee for each visit?**

A: Our cash fee, see cash fee office policy.

**Q: If I have health insurance, can you just bill them?**

A: Case by case basis, but regardless of your health insurance and because it is a auto accident, a down payment/partial payment is still required per visit.

**Q: If I have Medicare, can you just bill them?**

A: Yes, and since we are a non-provider for Medicare, full payment is at time of service. Medicare will reimburse you according to their schedule and your policy contract.

**Q: Will you bill the third party that is at fault?**

A: No, we do not bill third parties.