



# 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](http://ctrmm.com)

Changes in health care have mandated we improve our payment efficiencies, which is beneficial to you and the practice. For example, when checking into a hotel or renting a car you are asked for a credit card, which is later used to pay your bill. This is an advantage for you, since it makes checkout easier, faster, and more efficient. It also communicates the method of payment in advance.

We have a similar policy. At check in, we ask for your credit card information, which will be held securely until your insurances have paid their portion and notified us of the amount that you owe directly. You now have 3 options for your payment process.

### **All private pay insurance Option 1 or Option 2:**

**Option 1:** Leave credit card on file. You may now pay automatically and immediately with your credit card (after insurance processes payments and adjustments). This option is the most automated and convenient.

**Option 2:** Leave credit card on file. After insurance processes, we will mail a paper statement. Payment is due immediately upon receiving bill. You can pay by whatever means you like. After 60 days we will bill your credit card automatically, which will include late fees.

### **Medicare only option 3:**

**Option 3:** We will not keep your credit card on file. You will be responsible to pay your bill immediately upon receipt with a payment method of your choice. You will have 30 days after your date of service to pay your balance in full without incurring any additional fees. After 30 days, a \$10 per month fee will be assessed to your account to manage the additional administration of the delayed payments. After 90 days, our policy is to utilize collection agencies to assist in the collection process.

We will continue to require Co-Pays and any known fees be paid at the time of your visit. If you have questions about payment options, please don't hesitate to ask.

### **Private insurance:**

\_\_\_\_ **Option 1:** I authorize The Center For Manual Medicine to charge all outstanding balance on my account to the following credit card. This will include Co-pays at the time of service as well as remaining balances after insurance processes and pays. You will then e-mail me a receipt documenting payment with my credit card. I will not receive mailed bills or statements.

\_\_\_\_ **Option 2:** I authorize The Center For Manual Medicine to keep my credit card on file. It may be used for Co-pays at the time of service. Further, you may use the card if I fail to pay any unpaid balance that are delinquent by 60 days or more from the time of service.

### **Medicare only:**

\_\_\_\_ **Option 3:** I will pay Co-pays and known fees at the time of service, and make immediate payment of mailed statements. If I delay payment beyond 30 days, I understand that a monthly administration fee of \$10 per month will also be my responsibility to pay. This option includes added fees, and collection agency involvement after 90 days.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_