



2018 FINANCIAL POLICY

In our commitment to serving you, we strive to keep you informed of all costs involved in your care. This financial policy outlines our guideline., Please read carefully and sign this agreement before your first appointment and as updates are made.

If you have any questions, please ask us to assist you in understanding this policy.

Health Insurance

Dr. Wheaton is NOT contracted with any insurance plans. Therefore is not submitting any insurance claims from Lakeside Sports and Pain Clinic. If you choose to submit your charges to your insurance company for reimbursement, **we will assist you** in any way we are able.

Auto Insurance

Sometimes auto insurance companies cover Prolotherapy when your claim is open and active. However, we require **full payment for all charges** at the time of your visit. You will be given all the necessary paperwork for you to submit these charges to your auto insurance for reimbursement.

Medicare/Medicaid

Dr. Wheaton is NOT a Medicare provider (under the Social Security Act) and **cannot submit claims to Medicare. Therefore, as required by Medicare, all Medicare patients must enter into a private contract with Dr. Wheaton.** This will **not** affect your status with other participating Medicare physicians. This contract states that **you will be responsible for the full amount of all charges at the time of service**, as Medicare/Medicaid have determined that they will not cover natural medicine services, including Prolotherapy. As a Medicare beneficiary you agree **not to submit** any claims to Medicare from our office, or ask us to submit claims as this would be a violation of our agreement with Medicare.

You will be provided with an estimate of all costs involved in your care with Dr. Wheaton.

Payment

Payment may be made by cash, check, VISA, MASTERCARD, DISCOVER CARD or Care Credit. If you pay by check and the bank returns your check unpaid, a \$30 fee will be assessed.

Care Credit is a credit card for medical expenses. This gives us the ability to offer you several payment options including 6, 12, or 18 month interest-free plans, as well as, 24, 36, and 48 month extended-payment options at a fixed interest rate. If you are interested in this option, you can review and apply online at www.carecredit.com.

Your signature indicates that you agree to the above policy and that you will not allow your account to become delinquent. You may revoke your signature at any time, in writing, but you are responsible to pay in full any bills due prior to the revocation date.

Signature: _____ **Date:** ____/____/____

In summary, all services must be paid at the time of service.