

Terry L. Henderson, D.C.      Douglas P. Krift, D.C.  
1467 South Fort Thomas Avenue  
(859) 781-8700

---

## Billing Policy

All medical charges are the responsibility of the patient or guardian. We offer, as a courtesy to our patients, filing of claims to their health insurance companies. We are network providers with some insurance companies, but not all. If you have questions regarding our network status with your insurance, we recommend that you contact your carrier by calling the customer service number on the back of your card.

**Office Copay:** All deductibles, copays, and co-insurances are the responsibility of the patient and are due at time of service. There will be a \$5.00 fee for billing charges not paid at the time of service. Some insurance companies have office copays that only pay for office visits and **NOT** x-rays, supplements, supplies, etc. For coverage questions contact the customer service number on the back of your insurance card.

**Authorization:** If your insurance company requires a referral before being seen in our office, it is your responsibility to contact your primary care physician to obtain authorization. Always check with your insurance company to make sure the authorization has been approved.

**Worker's Compensation:** Patients are required to supply us with the following information: Your claim number, date of injury, employer, contact phone number and billing address. If your claim is inactive, **you** must contact the insurance company to have your claim reactivated before your appointment. If you are changing physicians, have a *change of physician* form turned into your insurance company before your appointment.

**Billing:** *Know your policy!* You are responsible for any rejected claims, non-covered expenses, deductibles, coinsurance/copays, and medical claims that are over 90 days past due and no response from your insurance company. Each month we send out billing statements to our patients that owe a balance on their accounts. A late fee of \$10.00 will be assessed every billing cycle for all past due balances. Cash, checks, Visa, Discover or Mastercard can be used to pay accounts with a balance due. When no payment or response has been forthcoming from the patient, the account will be turned over to a collection agency after 120 days. No further medical care will be scheduled until the account is paid in full.

**Self Pay Pricing:** (NO INSURANCE) Patients who do not have, or choose not to use their insurance, because of deductibles, high co pays, etc. The first time (New patient) visit will be \$65.00 (not including x-rays). Each subsequent visit will be \$40.00, due at the time of service, \$45.00 if you choose to be billed. **All treatment received after regular business hours will be subjected to an additional \$10.00 fee.**

**NET and CRA:** These services are \$40.00 per 15 minutes and are **NOT COVERED** by **ANY** insurance.

**Massage:** \$75.00 per hour and \$50.00 per half hour. Due to limited scheduling time allotted for massage, there is a 50% fee for missed appointments not cancelled 24 hours in advance.

**Cancellations and No Shows:** There will be a \$10.00 charge for missed physician appointments not cancelled at least **3 hours** in advance.

Signature \_\_\_\_\_

Date \_\_\_\_\_