



Unbroken Body Chiropractic
1280 Diamond Way
Concord CA 94520

Auto Accident Claims and Workers Compensation Claims 2024

There are four (4) options for payment for automobile accidents and/or worker's comp claims:

- (1*) Bill the liable insurance company or (2*) bill you automobile insurance for Med pay.
 - We will need the paying insurance company information
 - Authorization letter with claim number and approved number of treatments.
 - Claim handler name and phone number
- (3*) Bill your health insurance
 - Complete office form "Advance Notice of Patient Financial Responsibility for Non-Covered Services"
- (4) Self pay
 - We use a fixed fee schedule to bill between the lowest fee of \$165.76 and the most expensive fee of \$635.82.
 - We collect a discounted Office Visit Fee at the time of service.

*You are responsible for your Office Visit Fee cost until your auto accident claim or workers compensation claim is validated by receipt of your authorization letter.

The new patient Office Visit Fee of **\$100** (for ages 0 to 17 and 65 to 79) or **\$125** (for ages 18 to 64) includes a 40 minute appointment, chiropractic manipulative therapies, manual therapies, physiotherapies, additional services and your examination.

The Office Visit Fee of **\$68** (for ages 0 to 17 and 65 to 79) or **\$85** (for ages 18 to 64) includes a 20 minute appointment, chiropractic manipulative therapies, manual therapies, physiotherapies, and additional services.

We will accept medical Lien work on a case by case basis and reserve the right to refuse this service.

We accept cash, checks, and credit cards. Payment is expected at time of service. Insufficient funds fees, non payable check fees are the responsibility of the payer.

Our Office Visit Fee includes these additional services:

Active Release Techniques®
Selective Functional Movement Assessment®
Functional Movement Screen®
Rapid Release®
Cupping

Fundamental Capacity Screen®
Instrument Assisted Soft Tissue Management (Smart Tools®)
Deep Soft Tissue Adjustment

Frequent visit recognition:

- | | |
|--|--------------|
| ● 5 visits- Pre-paid Package @ \$68 per visit* | \$272 |
| ● 5 visits- Pre-paid Package @ \$85 per visit* | \$340 |

*We bill each appointment at its full cost at the time of your visit. If you choose to terminate treatment early, you will be reimbursed only the remaining money after previous appointments were billed at full cost.

Additional discounts available for:

- Referrals, teachers, and financially single parents of minors (Please inquire in office)
- Discounts only apply to doctors visits.
- Over 80 - non-covered costs are waived, co-payment only

We reserve the right to change our product's prices at any time without further notice. However, if you have scheduled care that you have not received, we will honor the price at time of scheduling

Print Name _____

Date _____

Signature _____

I understand I may request an electronic copy of the signed document.