



Financial Policy Questionnaire

Office Name

1. Which types of credit cards do you accept for payment in your office? Please check all that apply.

Visa Mastercard AMEX Discover Other (Please specify): _____

2. How much do you charge for NSF or returned check fees? _____

3. Do you offer a legal (15% or less per the OIG) prompt payment discounts when payment is made at the time of service? Yes No

What is the amount of your legal (15% or less per the OIG) prompt payment discounts when payment is made at the time of service? _____

4. Does your office participate in a discount medical plan organization like ChiroHealthUSA, to offer your uninsured, underinsured, or partially insured legally discounted fees? Yes No

5. Does your office have a written financial hardship policy? Yes No

6. What is the maximum dollar amount a patient is allowed to carry as a **personal balance** without a pre-arranged payment plan? _____

7. Do you assess monthly interest charges to a patient's balance due after a period of time? Yes No

After how many days do you wish to begin assessing monthly interest charges to a balance due? _____

What monthly interest charge will you assess to unpaid balances at point noted in question 7?

For example, 1.5% per month, (18% APR) or similar. _____

8. Does your office bill third party payers on behalf of your patients? Yes No

9. Does your office accept assignment from third party payers rather than collect in full at the time of service? Yes No

10. How long do you wish to wait before you ask the patient to become actively involved in assisting in the collections process from their insurance? _____ For example, 30, 60, 90 days.

11. How long do you wish to wait for payment from insurance before you assign the full balance due to the patient and revoke insurance assignment? _____ For example, 60, 90, 120 days.