

# Compliance and Bedside Manner Dramatically Affect Clinical Outcomes

Presented by Dr. Miles Bodzin & Holly Jensen

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**What does it mean?**

*“Compliance and Bedside Manner  
Dramatically Affect Clinical Outcomes”*

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**What most commonly initiates State Board  
Complaints & Malpractice Claims?**

Issues over FINANCES are the second  
most common initiators of state board  
complaints and malpractice claims.

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**What are the consequences of  
board complaints and malpractice claims?**

- Stress
- Financial Loss
- Loss of license risk
- Higher premiums
- Loss of goodwill

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### What are the consequences of board complaints and malpractice claims?

Hi Dr Bodzin  
 My name is [redacted] and I'm a chiropractor in [redacted]. I have spent over 25,000 dollars going to court defending UCAFF. When all is said and done I will probably have spent 70,000. It's total BS that I am fighting this. I need some advice and I hoping I can have a few minutes of your time for advice. I am set to go to court some time in the spring regarding a patient who's money I would not return. I practice in [redacted] suburb and I am in jeopardy of a 20,000 fine, 2 year probation if found guilty. Please call me back! My cell phone is [redacted] and my office number is [redacted]. This ordeal has destroyed a great family wellness subluxation based lifetime chiropractic practice. I hate practice now! Only because of how my practice now runs. Visit to visit. I have a culture of a chiropractor who has been called as an expert witness who will testify to the UCAFF on how it's unethical and unprofessional. My email is [redacted]. Thanks for taking the time to read this!

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### What Causes Financial Issues?

- Finances improperly set up
  - Non-compliant discounts
  - Waiving fees/deductibles/copays
  - Multiple fee schedules
  - No written policy
- Poor communication
  - Lack of clarity
  - Misunderstandings
  - Different answers for team members

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**Compliant Finances Require**

- 1. Compliant Fee Schedules
- 2. Compliant Discounts (OIG)
- 3. Compliant Good Faith Estimate (NSA)
- 4. Compliant Collections

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**Compliant Fee Schedules**

- Your fee is your fee
- No such thing as "Cash Fees"
- You bill the SAME fee per code for all case types

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**Compliant Discounts**

The only time we offer a discount is when it is:

- Required by mandate
- Documented hardship
- Contractual agreement
- Compliant prompt pay

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**Compliant Discounts**  
*(Mandated)*

If you are covered by a State or Federal program with a mandated fee schedule.  
*(Medicare, Medicaid, etc)*

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**Compliant Discounts**  
*(Hardship)*

Patients who meet state and or federal poverty guidelines or other special circumstances outlined in our "Hardship Policy" may be offered a discount for a period of time as determined by the clinic. Verification will be required.

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**Compliant Discounts**  
*(Contractual Agreement)*

- If we are a participating provider in your health plan.
- If you are a member of a Discount Medical Plan Organization you will be entitled to network discounts similar to our insured patients. Ask our staff for more information.

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### Compliant Discounts (Prompt Pay)

In 2009, the O.I.G. issued an opinion that discounts of 5% to 15% were "reasonable" for prompt pay discounts.

**Anything over 15% is risky!**

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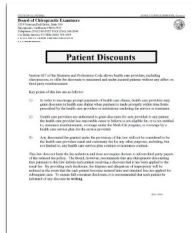
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### Compliant Discounts (California Board of Chiropractic Examiners)



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### Compliant Discounts (California Board of Chiropractic Examiners)

In order to encourage prompt payments of health care claims, health care providers may grant discounts in health care claims when payment is made promptly within time limits prescribed by the health care providers or institutions rendering the service or treatment.

Health care providers are authorized to grant discounts for care provided to any patient the health care provider has reasonable cause to believe is not eligible for, or is not entitled to, insurance reimbursement, coverage under the Medi-Cal program, or coverage by a health care service plan for the service provided.

Any discounted fee granted under the provisions of this law will not be considered to be the health care providers usual and customary fee for any other purposes, including, but not limited to, any health care service plan contract or insurance contract.

subsequent care. To ensure full consumer disclosure, it is recommended that each patient be informed of any discount in writing.

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**No Surprises Act (NSA)**

The "No Surprises Act" is meant to prevent patients from getting a large bill as a "surprise" when they assumed the provider was in network and turned out to be out of network.

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**No Surprises Act (NSA)**

To accomplish this, the NSA states that patients must be made aware of:

- Cost of services
- Patient portion due

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**No Surprises Act (NSA)**

The NSA is basically a Consumer Protection act.

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**Does NSA affect Chiropractors?**

Simple answer is Yes! Whether the patient has insurance or not or is self-pay or not, does not matter.

NSA affects all chiropractic practices with all patients.

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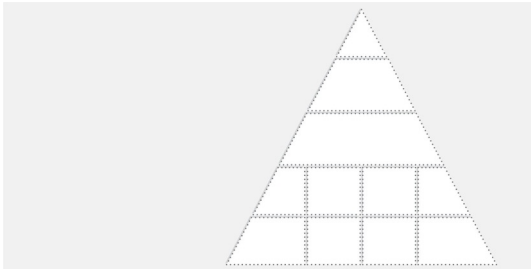
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**The Success Pyramid**



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Top 3 things that define  
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Top 3 things that define **SUCCESS** in your practice?

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The Success Pyramid

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What's the #1 challenge stopping your's and your patient's success?

**Poor Conversions & Retention**

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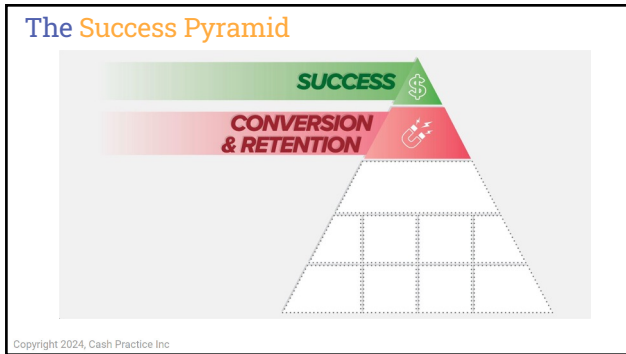
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### Would You Rather Have?

100 New Patients Who Each Stay For 10 visits

10 New Patients Who Each Stay For 100 Visits

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What do you feel is preventing you from higher conversion & retention?

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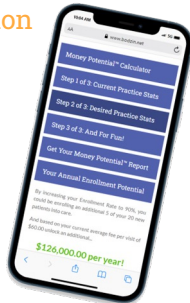
What are 3 things poor conversions and retention are costing you?

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Horizontal lines for writing answers to slide 34.

Impact of Conversion & Retention



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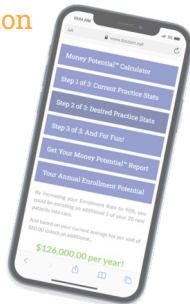
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Impact of Conversion & Retention

Annual Enrollment Potential



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**Impact of Conversion & Retention**

Annual Enrollment Potential

Annual Retention Potential

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**Impact of Conversion & Retention**

Annual Enrollment Potential

Annual Retention Potential

Annual Enrollment & Retention Potential

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**Impact of Conversion & Retention**

Annual Enrollment Potential

Annual Retention Potential

Annual Enrollment & Retention Potential

Lifetime Enrollment & Retention Potential

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### Impact of Conversion & Retention

New Patient Consultations Per Month	20
New Patients Enrolled in Care Per Month	13
Patient Visit Average (PVA)	20
Average Fee Per Visit	\$ 60



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### Impact of Conversion & Retention

New Patient Consultations Per Month	20
New Patients Enrolled in Care Per Month	<del>13</del> 18
Patient Visit Average (PVA)	<del>20</del> 38
Average Fee Per Visit	\$ 60



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### Impact of Conversion & Retention

Annual Enrollment Potential



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**Impact of Conversion & Retention**

Annual Enrollment Potential

**\$72,000 per year**

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**Impact of Conversion & Retention**

Annual Enrollment Potential

**\$72,000 per year**

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**Impact of Conversion & Retention**

Annual Retention Potential

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**Impact of Conversion & Retention**

Annual Retention Potential

**\$168,480 per year**



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**Impact of Conversion & Retention**

Annual Retention Potential

**\$168,480 per year**




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**Impact of Conversion & Retention**

Annual Enrollment & Retention Potential



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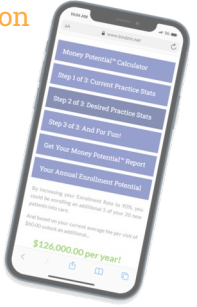
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### Impact of Conversion & Retention

Annual Enrollment & Retention Potential

**\$305,280 per year**



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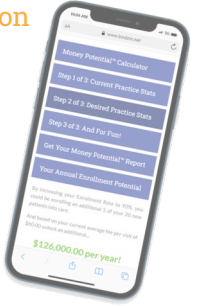
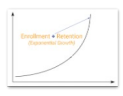
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### Impact of Conversion & Retention

Annual Enrollment & Retention Potential

**\$305,280 per year**

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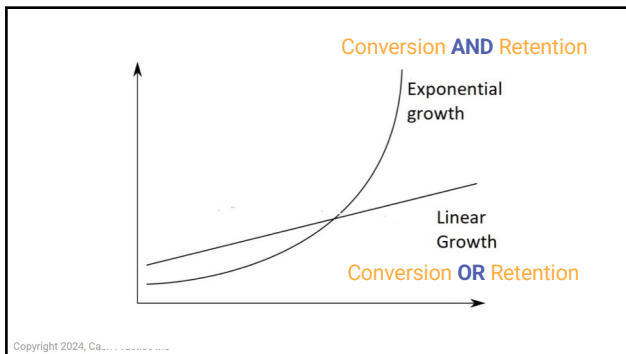
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**Impact of Conversion & Retention**

**15 Year Lifetime Enrollment & Retention Potential**

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**Impact of Conversion & Retention**

**15 Year Lifetime Enrollment & Retention Potential**

**\$4,579,200**

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**Impact of Conversion & Retention**

New Patient Consultations Per Month

New Patients Enrolled in Care Per Month

Patient Visit Average (PVA)

Average Fee Per Visit

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### Impact of Conversion & Retention

New Patient Consultations Per Month

New Patients Enrolled in Care Per Month

Patient Visit Average (PVA)

Average Fee Per Visit

\$4,579,200

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### Impact of Conversion & Retention

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## 5% INCREASE IN RETENTION CAN GROW PROFIT BY 75%

Source: Bain & Co.

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A 2% INCREASE  
in patient retention has the same affect as  
decreasing costs by 10%.  
Source: PracticeBuilders.com

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-\$3,251      -\$2,127

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It's **not** about the money!

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What are 3 things poor \_\_\_\_\_ and \_\_\_\_\_ are costing your \_\_\_\_\_?

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What are 3 things poor conversions and retention are costing your patients?

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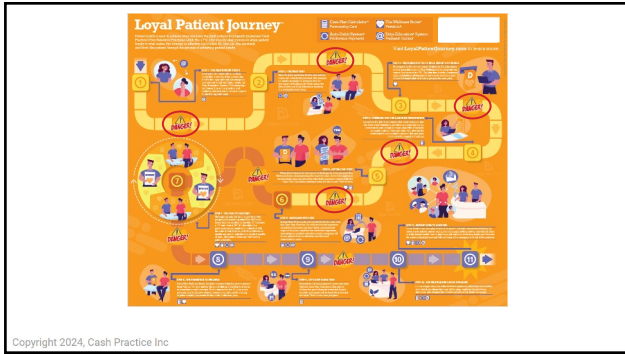
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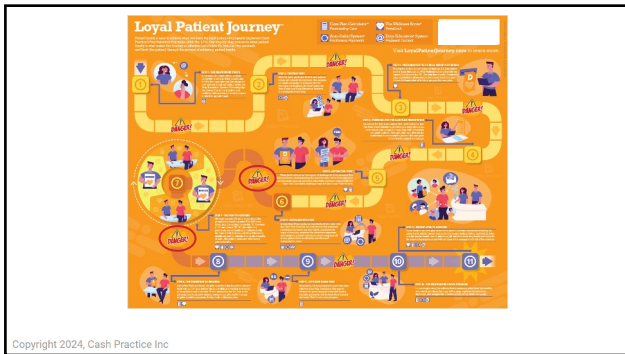
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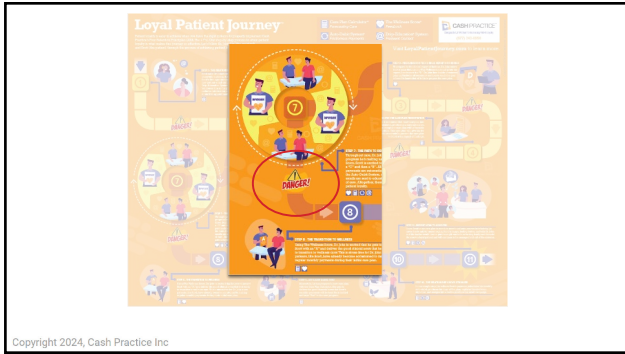
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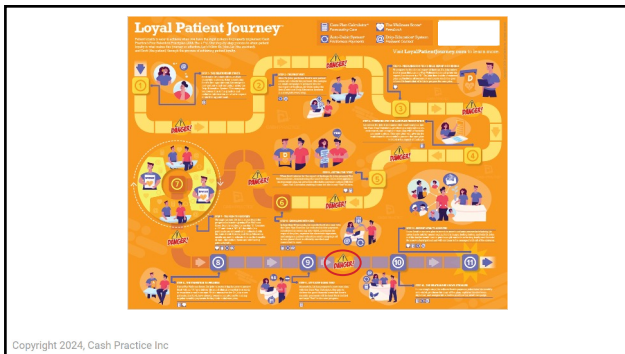
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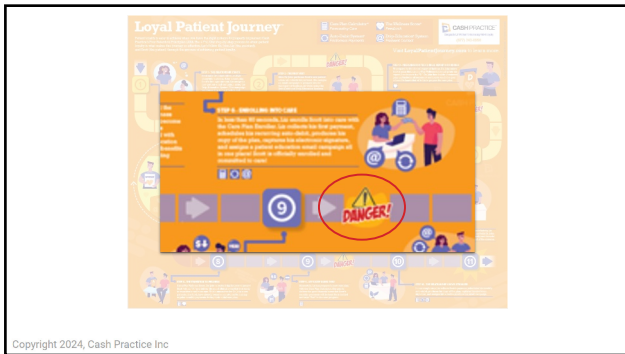
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**What drives conversion and retention?**

1. **Frequent Contact**
2. **Feedback** that's intuitive
3. **Frictionless Payments**
4. **Forecasting Care**

**The Retention Principles**



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**The Success Pyramid**



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**The Success Pyramid**



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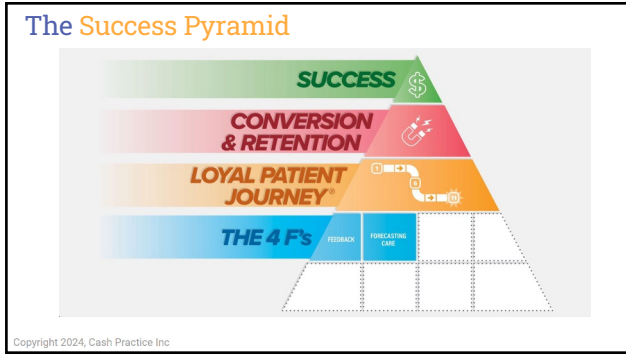
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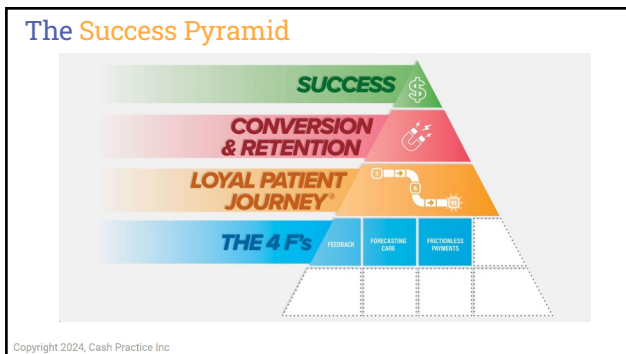
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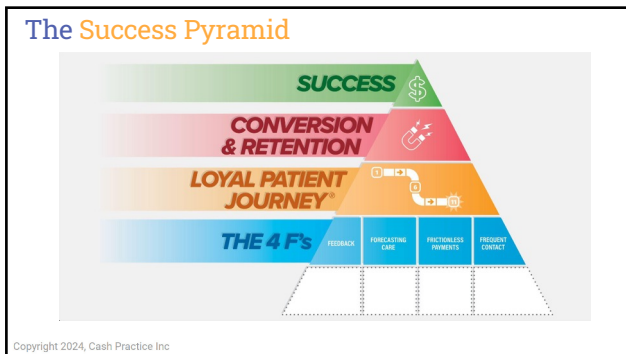
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*Your **Patient Compliance** is significantly impacted by 2 of the 4 F's.*

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*Your **Patient Compliance** is significantly impacted by your **Forecasting** and how **Frictionless** you make your payments.*

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**Patient Compliance**

<b>Forecasting</b>	<b>Collection Method</b>	<b>PVA</b>	<b>\$50</b>
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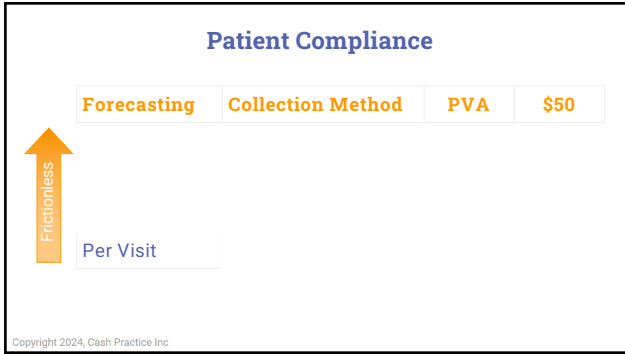
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Patient Compliance				
Forecasting	Collection Method	PVA	\$50	
Per Visit	Pay-Per-Visit	12	\$600	

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Patient Compliance				
Forecasting	Collection Method	PVA	\$50	
Exam-to-Exam				
Per Visit	Pay-Per-Visit	12	\$600	

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Patient Compliance				
Forecasting	Collection Method	PVA	\$50	
Exam-to-Exam	Block of Visits			
Per Visit	Pay-Per-Visit	12	\$600	

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**Patient Compliance**

Forecasting	Collection Method	PVA	\$50
Exam-to-Exam	Block of Visits	24-36	
Per Visit	Pay-Per-Visit	12	\$600

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**Patient Compliance**

Forecasting	Collection Method	PVA	\$50
Exam-to-Exam	Block of Visits	24-36	\$1,800
Per Visit	Pay-Per-Visit	12	\$600

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**Patient Compliance**

Forecasting	Collection Method	PVA	\$50
Care Plan			
Exam-to-Exam	Block of Visits	24-36	\$1,800
Per Visit	Pay-Per-Visit	12	\$600

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**Patient Compliance**

Forecasting	Collection Method	PVA	\$50
Care Plan	Pre-Pay Plans		
Exam-to-Exam	Block of Visits	24-36	\$1,800
Per Visit	Pay-Per-Visit	12	\$600

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**Patient Compliance**

Forecasting	Collection Method	PVA	\$50
Care Plan	Pre-Pay Plans	50-75	
Exam-to-Exam	Block of Visits	24-36	\$1,800
Per Visit	Pay-Per-Visit	12	\$600

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**Patient Compliance**

Forecasting	Collection Method	PVA	\$50
Care Plan	Pre-Pay Plans	50-75	\$3,750
Exam-to-Exam	Block of Visits	24-36	\$1,800
Per Visit	Pay-Per-Visit	12	\$600

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**Patient Compliance**

Forecasting	Collection Method	PVA	\$50
Care Plan			
Care Plan	Pre-Pay Plans	50-75	\$3,750
Exam-to-Exam	Block of Visits	24-36	\$1,800
Per Visit	Pay-Per-Visit	12	\$600

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**Patient Compliance**

Forecasting	Collection Method	PVA	\$50
Care Plan	Monthly Auto-Debits		
Care Plan	Pre-Pay Plans	50-75	\$3,750
Exam-to-Exam	Block of Visits	24-36	\$1,800
Per Visit	Pay-Per-Visit	12	\$600

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**Patient Compliance**

Forecasting	Collection Method	PVA	\$50
Care Plan	Monthly Auto-Debits	150+	
Care Plan	Pre-Pay Plans	50-75	\$3,750
Exam-to-Exam	Block of Visits	24-36	\$1,800
Per Visit	Pay-Per-Visit	12	\$600

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### Patient Compliance

Frictionless	Forecasting	Collection Method	PVA	\$50
	Care Plan	Monthly Auto-Debits	150+	\$7,500
	Care Plan	Pre-Pay Plans	50-75	\$3,750
	Exam-to-Exam	Block of Visits	24-36	\$1,800
	Per Visit	Pay-Per-Visit	12	\$600

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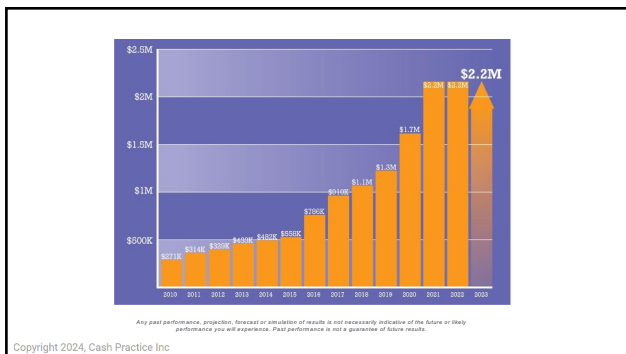
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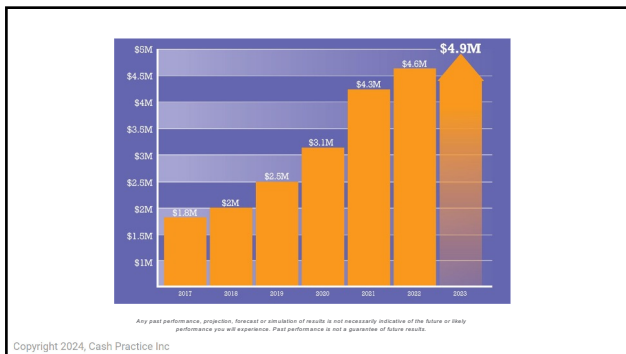
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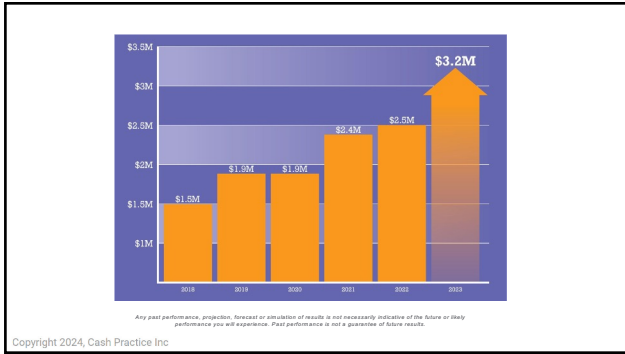
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The only practices that grow like this month after month and year after year are those who continually **convert new patients** and more importantly **retain them.**

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**Conversion and Retention** are the driving forces of yours and your patient's **Success.**

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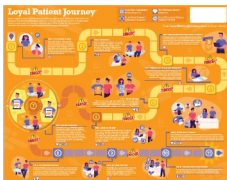
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The **Loyal Patient Journey** is the path to execute better **Conversions & Retention.**



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**The 4 F's are the Principles applied in the Loyal Patient Journey that increase Conversion & Retention.**

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**Improving Conversion & Retention with Forecasting Care**

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3	Services	Units	Fee	Total
4	Adjustments	55 \$	45 \$	2,475
5	Progress Exams	6 \$	75 \$	450
6	Progress Films	2 \$	60 \$	120
7	Orthotics	1 \$	250 \$	250
8	Cervical Traction Unit	1 \$	57 \$	57
9	Cervical Pillow	1 \$	47 \$	47
10				3,399
11				
12	Discount	15%		\$ 2,889
13				
14	Payment Options	Total	Down	Recurring

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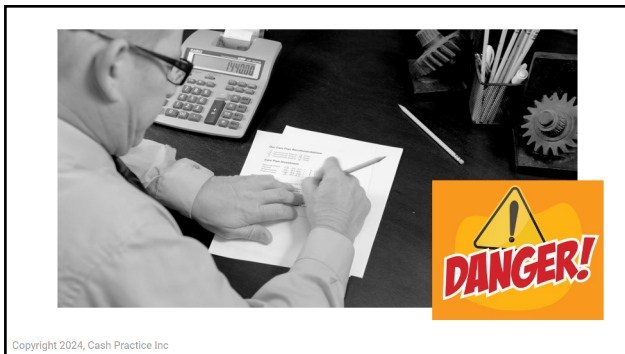
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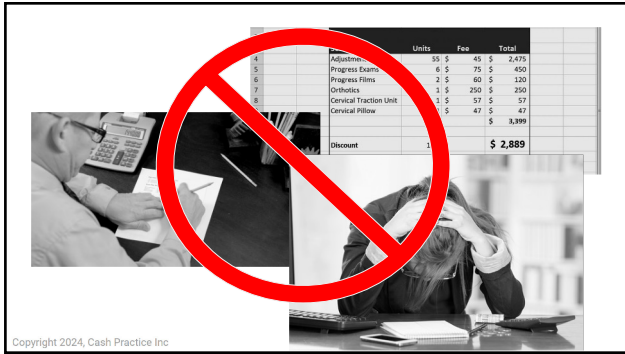
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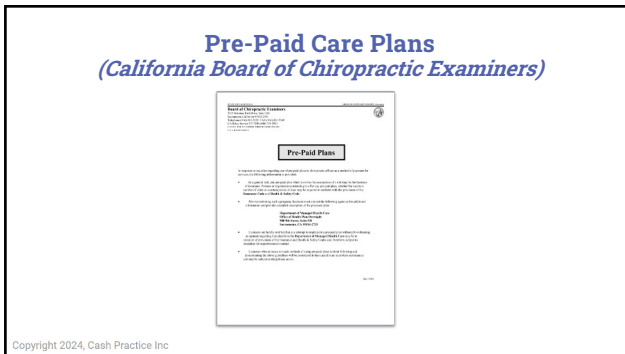
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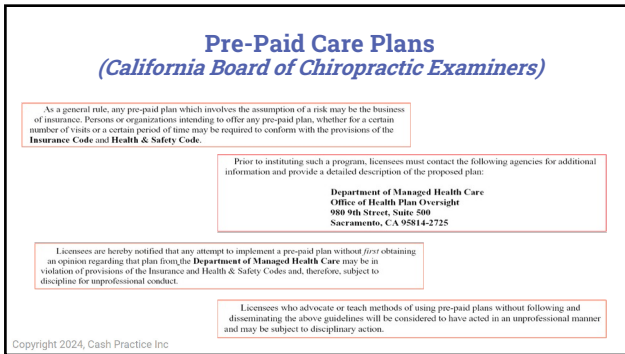
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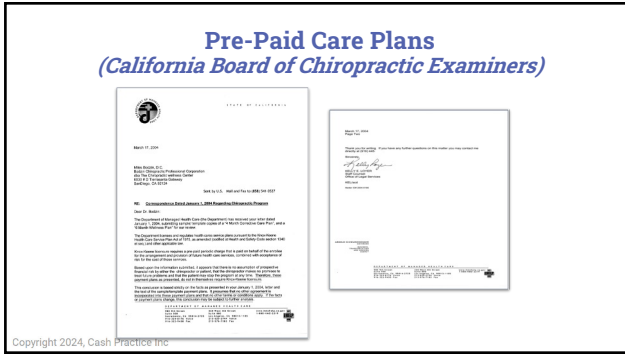
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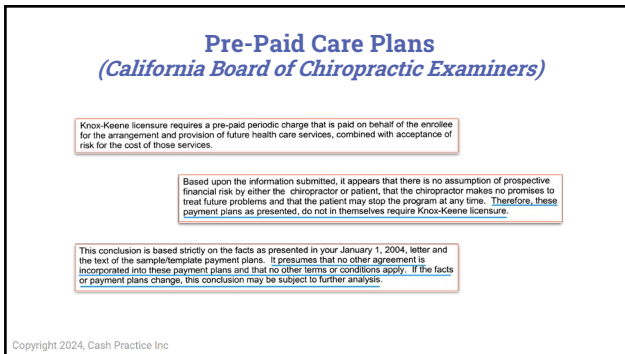
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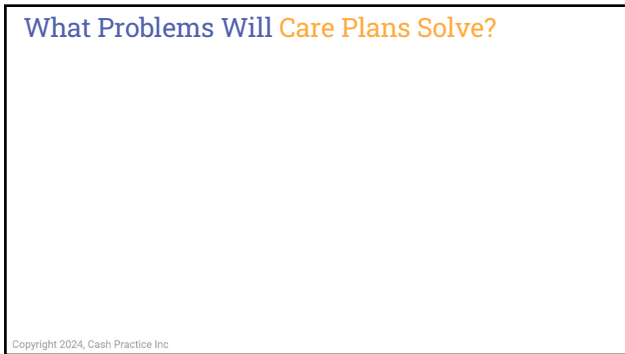
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What Problems Will Care Plans Solve?

Poor Enrollment



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What Problems Will Care Plans Solve?

Poor Enrollment      Patient Dropout



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What Problems Will Care Plans Solve?

Poor Enrollment      Patient Dropout      Insurance Headaches



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### What Problems Will Care Plans Solve?

Poor Enrollment

Patient Dropout

Insurance Headaches

Lack of Freedom

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### Care Plans are the Foundation of Conversion & Retention

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### Care Plans

Care plans are a reflection of the patient's treatment plan.

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**Care Plans**

Care plans cover all the care the patient will need during the course of treatment.

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**Care Plans**

Care plans include all services, including those covered and not covered by insurance.

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**Care Plans**

Care plans must be compliant to satisfy the Good Faith Estimate your legally required to provide per the Federal "No Surprises Act" of 2022.

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**Care Plans**

Care plans are not presented until the patient has agreed to your treatment plan.

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**Care Plans**

Care plans can be presented to the patient by either the doctor or assistant.

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**Compliant Care Plans**

- Has all services and fees clearly itemized.
- Applies compliant discounts to non-covered services only.
- Has a compliant Terms of Agreement, including how refunds are handled.
- Includes all Good Faith Estimate Disclaimers

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### NSA - Good Faith Estimate Requirements

This Good Faith Estimate Care Plan was created by Dr. Mita Baidia on a former member of Our Health, Alyson Andrews and printed on Monday, April 15, 2024.  
Riverside Chiropractic, Our Health  
1224 Main St Suite 300, Riverside, CA 92503  
(951) 542-8992

**Four Month Corrective Care Plan**

The purpose of this program is to provide an effective, individualized program of chiropractic care with the goal of spinal correction/stabilization. Based on the recommendation of Dr. Mita Baidia, the following four month corrective care plan has been outlined for you.

Good Faith Estimate		
1. Mrs. Alyson Andrews	Actual Fees	ChiroHealthUSA Plan
Adjustments Not Covered by Insurance #9945	56 @ \$45.00 = \$2,520.00	\$1,75.40 @ 40000
Progress Exams #9922	9 @ \$75.00 = \$675.00	\$655 @ 60000
Therapy # 97022	1 @ \$200.00 = \$200.00	\$31.35 @ 60000
Visits: 36	\$2,995	\$1,818

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### NSA - Good Faith Estimate Requirements

This Good Faith Estimate Care Plan was created by Dr. Mita Baidia on a former member of Our Health, Alyson Andrews and printed on Monday, April 15, 2024.  
Riverside Chiropractic, Our Health  
1224 Main St Suite 300, Riverside, CA 92503  
(951) 542-8992

**Good Faith Estimate Disclaimer**

This Good Faith Estimate only provides an estimate of the charges for those items or services reasonably expected to be furnished to you upon your receipt of the actual care provided for you. There may be additional items or services which the provider recommends as part of your course of care that you will be required to pay for out of pocket which may not be reflected in this Good Faith Estimate (as additional estimates may be required).

If the actual charge for these services exceeds our estimate by the greater of 10% or \$1,000, we will provide a written explanation as to why the charges exceed our estimate. This Good Faith Estimate is not a contract and does not constitute an agreement or any form of an agreement for the services or facilities specified in this Good Faith Estimate. If you are uninsured or do not intend to submit your charges to your health plan ("self-paying"), and you are billed at least \$400 more than this Good Faith Estimate, you have the right to request a refund.

If you are uninsured or self-paying, you may contact the health care provider or facility to determine if their billed charges are higher than this Good Faith Estimate and ask them to apply the estimate to the Good Faith Estimate and to request that they bill you at their in-house insurance rates.

Uninsured or self-paying individuals may also use a dispute resolution process for uninsured with the U.S. Department of Health and Human Services (HHS). If you choose to do so, you must submit the dispute request within 60 calendar days of the date this estimate is printed. There is a \$25 fee and an amount to pay for the dispute resolution process for an insured and self-paying individual. If the patient returning their dispute to HHS, you will have to sign the plan on the Good Faith Estimate. If the patient disputes with us and accepts with the health care provider or facility, you will have to sign the higher amount. To learn more and get a form to start the process, go to www.hhs.gov/healthcare or call 1-800-998-2999.

By choice:  
I, the patient,  Myself  
Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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### NSA - Good Faith Estimate Requirements

This Good Faith Estimate Care Plan was created by Dr. Mita Baidia on a former member of Our Health, Alyson Andrews and printed on Monday, April 15, 2024.  
Riverside Chiropractic, Our Health  
1224 Main St Suite 300, Riverside, CA 92503  
(951) 542-8992

**Plan Enrollment**

I,  (Name, Address, Phone Number) have read and accept the terms of agreement.  
Plan Members  #  #   
Plan Start Date:  - Plan Completion Date:   
Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Auto-Debit Payment Authorization**

I hereby authorize Riverside Chiropractic to auto-debit my account for \$453 per month for three months,   
I further understand that this authorization will remain in effect until I cancel it in writing. I, the patient, agree to notify Riverside Chiropractic of any changes to my account information or termination of the authorization at least 5 days prior to the next scheduled payment. In the case of a transaction being rejected for (non-sufficient funds), I understand that Riverside Chiropractic may, at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be billed as a separate transaction.

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### Forecasting Care with Care Plans

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1: Ms. Alyson Andrews		Pay-Per-Visit Fee	Payment Plan (SR)	ChiroHealthUSA Plan (SR) + (CR)
RS	Adjustments Not Covered by Insurance	75 @ \$60.00 = \$4,500	\$4,275 75 @ \$57.00	\$2,993 75 @ \$39.90

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For illustration purposes only. This is NOT a recommendation for your fees.

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1: Ms. Alyson Andrews		Pay-Per-Visit Fee	Payment Plan (SR)	ChiroHealthUSA Plan (SR) + (CR)
RS	Adjustments Not Covered by Insurance	75 @ \$60.00 = \$4,500	\$4,275 75 @ \$57.00	\$2,993 75 @ \$39.90
RS	Progress Exams	6 @ \$95.00 = \$570	\$543 6 @ \$90.25	\$379 6 @ \$63.18

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For illustration purposes only. This is NOT a recommendation for your fees.

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1: Ms. Alyson Andrews		Pay-Per-Visit Fee	Payment Plan (PR)	ChiroHealthUSA Plan (80% + DRN)
RS	Adjustments Not Covered by Insurance	75 @ \$60.00 = \$4,500	\$4,275 75 @ \$57.00	\$2,993 75 @ \$39.90
RS	Progress Exams	6 @ \$95.00 = \$570	\$542 6 @ \$90.25	\$379 6 @ \$63.18
FP	Progress Films	2 @ \$75.00 = \$150	\$150 2 @ \$75.00	\$150 2 @ \$75.00

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1: Ms. Alyson Andrews		Pay-Per-Visit Fee	Payment Plan (PR)	ChiroHealthUSA Plan (80% + DRN)
RS	Adjustments Not Covered by Insurance	75 @ \$60.00 = \$4,500	\$4,275 75 @ \$57.00	\$2,993 75 @ \$39.90
RS	Progress Exams	6 @ \$95.00 = \$570	\$542 6 @ \$90.25	\$379 6 @ \$63.18
FP	Progress Films	2 @ \$75.00 = \$150	\$150 2 @ \$75.00	\$150 2 @ \$75.00
RS	Therapy 1	20 @ \$35.00 = \$700	\$665 20 @ \$33.25	\$466 20 @ \$23.28
RS	Therapy 2	15 @ \$25.00 = \$375	\$356 15 @ \$23.75	\$249 15 @ \$16.63
RS	Therapy 3	10 @ \$40.00 = \$400	\$390 10 @ \$39.00	\$266 10 @ \$26.60

For illustration purposes only. This is NOT a recommendation for your fees.

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1: Ms. Alyson Andrews		Pay-Per-Visit Fee	Payment Plan (PR)	ChiroHealthUSA Plan (80% + DRN)
RS	Adjustments Not Covered by Insurance	75 @ \$60.00 = \$4,500	\$4,275 75 @ \$57.00	\$2,993 75 @ \$39.90
RS	Progress Exams	6 @ \$95.00 = \$570	\$542 6 @ \$90.25	\$379 6 @ \$63.18
FP	Progress Films	2 @ \$75.00 = \$150	\$150 2 @ \$75.00	\$150 2 @ \$75.00
RS	Therapy 1	20 @ \$35.00 = \$700	\$665 20 @ \$33.25	\$466 20 @ \$23.28
RS	Therapy 2	15 @ \$25.00 = \$375	\$356 15 @ \$23.75	\$249 15 @ \$16.63
RS	Therapy 3	10 @ \$40.00 = \$400	\$390 10 @ \$39.00	\$266 10 @ \$26.60
		<b>\$6,695</b>	<b>\$6,368</b> (Save \$327)	<b>\$4,502</b> (Save \$2,193)

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1: Ms. Alyson Andrews		Pay-Per-Visit Fee	Payment Plan (50% + 50%)	ChiroHealthUSA Plan (80% + 20%)
RS	Adjustments Not Covered by Insurance	75 @ \$60.00 = \$4,500	\$4,275 75 @ \$57.00	\$2,993 75 @ \$39.93
RS	Progress Exams	6 @ \$95.00 = \$570	\$542 6 @ \$90.35	\$379 6 @ \$63.18
FP	Progress Films	2 @ \$75.00 = \$150	\$150 2 @ \$75.00	\$150 2 @ \$75.00
RS	Therapy 1	20 @ \$35.00 = \$700	\$665 20 @ \$33.25	\$466 20 @ \$23.28
RS	Therapy 2	15 @ \$25.00 = \$375	\$356 15 @ \$23.75	\$249 15 @ \$16.63
RS	Therapy 3	10 @ \$40.00 = \$400	\$380 10 @ \$38.00	\$266 10 @ \$26.66
		<b>\$6,695</b>	<b>\$6,368</b> (Save \$327)	<b>\$4,502</b> (Save \$2,193)

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### Offer Affordable Payment Options

1 Person	Total	Initial	Monthly	Savings
Recurring (Option 1)	\$4,502	\$377	\$375	(\$2,193)
Initial + Recurring (Option 2)	\$4,198	\$1,382	\$256	(\$2,497)
Prepayment (Option 3)	\$4,067	\$4,067	N/A	(\$2,628)

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1: Ms. Alyson Andrews		Pay-Per-Visit Fee	Payment Plan (50% + 50%)	ChiroHealthUSA Plan (80% + 20%)
FP	Adjustments to Meet Deductible	11 @ \$60.00 = \$660	\$500 11 @ \$45.45	\$500 11 @ \$45.45

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1: Ms. Alyson Andrews	Pay-Per-Visit Fee	Payment Plan (PPO)	ChiroHealthUSA Plan (HMO+POS)
17 Adjustments to Meet Deductible	15 @ \$400.00 = \$6,000	\$700 (2 @ \$350.00)	\$900 (3 @ \$300.00)
18 Adjustments Covered by Insurance (Copay)	25 @ \$300.00 = \$7,500	\$750 (25 @ \$30.00)	\$750 (25 @ \$30.00)

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1: Ms. Alyson Andrews	Pay-Per-Visit Fee	Payment Plan (PPO)	ChiroHealthUSA Plan (HMO+POS)
17 Adjustments to Meet Deductible	15 @ \$400.00 = \$6,000	\$700 (2 @ \$350.00)	\$900 (3 @ \$300.00)
18 Adjustments Covered by Insurance (Copay)	25 @ \$300.00 = \$7,500	\$750 (25 @ \$30.00)	\$750 (25 @ \$30.00)
19 Adjustments Not Covered by Insurance	35 @ \$400.00 = \$14,000	\$1,975 (49 @ \$40.31)	\$1,207 (30 @ \$40.23)

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1: Ms. Alyson Andrews	Pay-Per-Visit Fee	Payment Plan (PPO)	ChiroHealthUSA Plan (HMO+POS)
17 Adjustments to Meet Deductible	15 @ \$400.00 = \$6,000	\$700 (2 @ \$350.00)	\$900 (3 @ \$300.00)
18 Adjustments Covered by Insurance (Copay)	25 @ \$300.00 = \$7,500	\$750 (25 @ \$30.00)	\$750 (25 @ \$30.00)
19 Adjustments Not Covered by Insurance	35 @ \$400.00 = \$14,000	\$1,975 (49 @ \$40.31)	\$1,207 (30 @ \$40.23)
20 Progress Exams	6 @ \$95.00 = \$570	\$549 (9 @ \$61.00)	\$379 (6 @ \$63.17)
21 Progress Plans	2 @ \$37.50 = \$75.00	\$140 (7 @ \$20.00)	\$150 (7 @ \$21.43)
22 Therapy 1	20 @ \$35.00 = \$700	\$665 (20 @ \$33.25)	\$465 (20 @ \$23.25)
23 Therapy 2	15 @ \$22.00 = \$330	\$164 (15 @ \$10.93)	\$149 (15 @ \$9.93)
24 Therapy 3	10 @ \$40.00 = \$400	\$180 (9 @ \$20.00)	\$206 (10 @ \$20.60)
25 ChiroHealthUSA Write Off	N/A	N/A	\$56.00
	<b>\$5,945</b>	<b>\$5,738</b> (Total \$500)	<b>\$4,193</b> (Total \$1,150)

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**Offer Affordable Payment Options**

1 Person	Total	Initial	Monthly	Savings
Recurring (Option 1)	\$4,193	\$354	\$349	(\$1,752)
Initial + Recurring (Option 2)	\$4,026	\$1,331	\$245	(\$1,919)
Prepayment (Option 3)	\$3,954	\$3,954	N/A	(\$1,991)

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**Enrolling Patients Into Care**



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**What Caused Financial Issues?**

- Finances improperly set up
  - Non-compliant discounts
  - Waiving fees/deductibles/copays
  - Multiple fee schedules
  - No written policy
- Poor communication
  - Lack of clarity
  - Misunderstandings
  - Different answers for team members

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### Reviewing Care Plans with Patients

- Finances properly set up
  - Compliant discounts
  - All fees/deductibles/copays
  - Single fee schedules
  - Written policy
- Great communication
  - Create clarity
  - No misunderstandings
  - Consistent answers for team members

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### Reviewing Care Plans with Patients



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