



# BENEFIT PROCESSING DISCLOSURE

## Asula Wellness Center

Due to the Affordable Care Act, health insurance plans are processing claims differently. All covered benefits may be reimbursed based on the "service type" rather than the "provider type," which is how claims historically processed for alternative care providers.

Your insurance company may now be separating out Spinal Manipulations, Acupuncture, and Physical Therapy benefits when processing visits performed by a Chiropractor, a Chiropractic Assistant or an Acupuncturist. The soft tissue work (massage, manual therapy), extraspinal adjustments, exercise therapy, hot/cold therapy, cupping, Gua Sha, Shiatsu, Tui na, traction, or any other modality received during your treatment may be processed under your Physical Therapy benefit. **It is important to understand how your Physical Therapy benefits process, as an additional copay, coinsurance or deductible payment may apply.**

Some insurance companies are also separating exam and re-exam codes from the spinal manipulation or acupuncture benefit. In this case, an additional copay, coinsurance, or deductible payment may apply also.

**These changes were made by your insurance company. Asula Wellness Center's providers have not changed their treatment approach nor have we changed our billing practices.**

As a courtesy, we obtain a quote of your benefits if you get a new health insurance plan or if alerted by you that your plan has changed. This is only a quote, not a guarantee of payment. Sometimes an insurance company will process a visit differently than what was quoted. This can happen for several reasons including;

1. The representative misquoted the original benefit
2. Your plan changed after the original benefit quote was obtained.

**It is important for you to know that we are not alerted to any changes in your plan by your insurance company.**

Each patient is responsible to know and understand their plan benefit and is responsible for any balances due. If you would like more information on how to check your benefits we are happy to provide a guided questionnaire to use when calling your insurance company.

By signing below, I acknowledge I have read this disclosure and understand I am responsible for knowing my insurance plan benefits.

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**Signature**

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**Signature of Parent or Guardian**

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**Date**

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**Date**