



## Ohio Administrative Code Rule 4734-9-07 Billing practices.

Effective: December 25, 2025

---

- (A) Licensees who function as owners, operators, members, partners, shareholders, officers, directors, and/or managers of a chiropractic clinic are responsible for the policies, procedures and billings generated by the clinic.
- (B) Licensees who function only as clinical staff without any management or financial responsibilities are required to familiarize themselves with the clinic's billing practices to ensure that the services rendered are accurately reflected in the billings generated.
- (C) Licensees have a right to review and correct all billings submitted under their name and/or identifying number(s). Signature stamps and/or automatically generated signatures may be utilized only with the authorization of the licensee whose name or signature is designated. Such authorization may be revoked at any time in writing by that individual.
- (D) Licensees must accurately report the services rendered to a patient on all billing documents.
- (E) Licensees must release copies of billing records upon a written request from a patient or a patient's authorized representative within thirty days of said request.
- (F) Licensees must not knowingly:
- (1) Increase charges when a patient utilizes a third-party payment program;
  - (2) Report incorrect dates or types of service on any billing documents;
  - (3) Report charges for services not rendered;
  - (4) Bill for services rendered not documented in a patient's file.



(G) No licensee may waive the payment of all or any part of a deductible or copayment that a patient, pursuant to a health insurance or health care policy, contract, or plan that covers the licensee's services, otherwise would be required to pay if the waiver is used as an enticement to a patient or group of patients to receive health care services from that chiropractor, unless the waiver is made:

(1) In compliance with the health benefit plan that expressly allows a practice of that nature. Waiver of the deductibles or copayments shall be made only with the full knowledge and consent of the plan purchaser, payer, and third-party administrator. Documentation of the consent shall be made available to the board upon request, or;

(2) For professional services rendered to any other person licensed pursuant to this chapter, to the extent allowed by this chapter and the rules of the board.

(H) No licensee may offer cash, gift cards, gift certificates or cash equivalents to patients or potential patients as a referral fee or an inducement to enter into or to continue care.

(I) Promotional items may not be more than seventy-five dollars in retail value per year per patient. Professional services, product samples, literature, or refreshments served at events such as health fairs, open houses, educational lectures or health care orientations are not considered promotional items. Promotional items may not be claimed directly or indirectly or otherwise shifted to any third party for reimbursement.

(J) A licensee may provide a reasonable time of service discount.