



Welcome to
**HOUSE FAMILY
CHIROPRACTIC, P.C.**

Thank you for choosing our office for chiropractic care. We are committed to providing your family with the highest quality of corrective and wellness chiropractic care available so that you and your family can enjoy an active, healthy life. We will be working together to help you and your family reach your health and wellness goals.

If you ever have any questions about your chiropractic care, please don't hesitate to ask one of our highly educated chiropractic team members. All of your questions, even the ones you haven't thought of yet, will be answered during your Chiropractic Report and your Half Hour to Health.

We look forward to a long, healthy relationship with you and your family.

Office Fee Schedule & Policies

Office Fee Schedule and Financial Policies

<u>Service</u>	<u>Fees</u>
Consultation	N/C
Initial Exam	\$75-\$150
Progressive Re-Exam	\$56
X-Rays	\$75-\$150
Adjustment	\$35-\$70
Mechanical Traction	\$22

Financial Policy and Chiropractic Active Life Plans

We are committed to providing you with the best chiropractic care possible in a caring environment and have established our financial policies to achieve that goal. You will be expected to pay for your chiropractic care at the time service is rendered unless you arrange an Optimal Wellness Care Plan in advance. Optimal Wellness Care Plans include a year of adjustments paid in full or monthly. These plans are designed to be the most cost effective way to keep you and your family as healthy as possible. Details of these plans will be discussed with you during your Chiropractic Report.

Health Insurance: If our office is **in-network** with your insurance company, we will file your insurance for you. If our office does not participate as an in-network provider with your insurance company, you may still have chiropractic benefits with us. We have found it is easier for your record keeping, and ours, if we give you receipts at the end of your first visit and then once a month after that. Just send in your receipts with a copy of your claim form and your insurance company will communicate with you about your reimbursement. Remember, your agreement with your insurance company is between you and them. If we do not participate in your insurance network but you are like most of our patients and choose to participate in one of our Optimal Wellness Care Plans, there is a possibility that we may file your insurance for you. We will discuss this option with you during your Chiropractic Report.

No Health Insurance

Medicare: We will file all Medicare claims for our practice members. Medicare will reimburse our office directly for 80% of "allowable charges" after your yearly deductible has been met. The only "allowable charge" by their definition is "manual Manipulation of the spine." We call this an adjustment. They will not allow or pay for any examination, x-ray, special consultation, computer scan or any other charges. Any care that you receive which is denied by Medicare will, of course, be your financial responsibility. If you have secondary coverage, your secondary insurance carrier will reimburse us directly. ****NOTE:** If you are in any Medicare HMO, Medicare *will not* reimburse us for care in our office.

Auto Accident/Workman's Compensation/Personal Injury Cases: These are special cases with special forms to fill out. These probably have been explained to you in detail already. In most cases, we will wait for your insurance company to pay the *majority* of your bill.

I have read and I understand the above policies. **I have initialed the one that applies to me.**



Client Signature

Date

Office & Financial Policies

Office Policies

1. Please be on time for your appointments. Being late and last minute cancellations cause severe scheduling disruptions, which can interfere with the quality of care you and other patients receive.
2. Continued cancellations and/or missed appointments may result in being released from care.
3. Please do not wear strong perfumes or colognes. We see many patients with allergies or other respiratory problems, and strong scents can impair their progress.
4. Children are welcome here as patients, and we strongly encourage all of our parents to bring their children in for regular chiropractic checkups. If you bring children with you for your appointment, you are responsible for their actions at all times. Our staff members are happy to assist you with well-behaved children.
5. We may schedule you for multiple appointments. This will help ensure convenient appointment times for you as well as provide you with the highest quality of care possible.
6. If you need to spend extra time discussing your health concerns with the doctor, please let our staff know so that we may schedule your next appointment accordingly.
7. Please notify the doctor of **any** changes in your health status.

Financial Policies

1. Payment is expected at the time of service.
2. We accept the following forms of payment: cash, personal checks, debit cards, Visa and MasterCard.
3. The patient is always responsible for the payment of their care.
4. An insurance contract is between the patient and the insurance company.
5. We will bill your primary insurance company as a courtesy to you.
6. As a courtesy to you, we will verify insurance prior to treatment beginning, but benefits stated by an insurance representative cannot be guaranteed. Your insurance company will determine benefits when they receive our billings.
7. We do not send statements to patients on balances. If a statement needs to be sent a charge of \$5.00 will be charged to the patient for each statement sent.
8. Any account where no payment has been received for 60 days may be sent to a third party collection agency. Any additional collection fees will be the responsibility of the patient.
9. If you choose to pay for your entire treatment plan in full at the beginning of treatment, a time of service discount will be offered.
10. Records to an account not paid in full, will not be forwarded to another physician, or loaned out.
11. Your signature below assigns assignment to this office for collection of benefits, authorizes this office to release daily chart notes when necessary for the processing of claims, and acknowledges that our staff has explained your benefit coverage as supplied verbally by your insurance company.



Client Signature

Date

Client Consent Form

Consent For Purposes of Treatment, Payment, and Health Care Operations

Notice of Privacy Practices

I acknowledge that House Family Chiropractic, P.C.'s "Notice of Privacy Practices" has been provided to me.

I understand I have a right to review House Family Chiropractic, P.C.'s Notice of Privacy Practices prior to signing this document. House Family Chiropractic, P.C.'s Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills, or in the performance of health care operations at House Family Chiropractic, P.C. The Notice of Privacy Practices for House Family Chiropractic, P.C. is also provided on request at the main administration desk of this practice. This Notice of Privacy Practices also describes my rights and House Family Chiropractic, P.C.'s duties with respect to my protected health information.

House Family Chiropractic, P.C. reserves the right to change the privacy practices that are described in the Notice of Privacy Practices as required by law. I may obtain a revised notice of privacy practices by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Open Room Adjusting

At House Family Chiropractic, P.C., we utilize "Open Room Adjusting" in which all of our adjusting rooms are open, and you may be treated in view of other patients. We have found this arrangement has many benefits for our patients. The greater efficiency allows us to greatly shorten waiting time (most days you will not have to wait at all) and the doctor's advice on healthy living is beneficial for all to hear. Personal or embarrassing topics will not be discussed in these open rooms, but anything you do discuss with the doctor may be overheard by other clients.

If you wish to discuss a private matter with the doctor, please notify the front desk associate so you may be seen separately. It is not necessary for you to tell the associate the subject of this discussion.

We have a separate room (Room1) to adjust those clients that do not want to participate in Open Room Adjusting. Please note, that if you make this choice, you may have to wait longer to see the doctor. If you wish to be adjusted in Room 1, please notify the front desk associate.

Signature of Client or Personal Representative

Date

Name of Client or Personal Representative

Description of Personal Representative's Authority



Terms of Acceptance

Terms of Acceptance

When a client seeks chiropractic health care and we accept a client for such care, it is essential for both to be working towards the same objective.

Chiropractic has only one goal. It is important that each client understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

Adjustment: An adjustment is the specific application of forces to facilitate the body's correction of vertebral Subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

Health: A state of optimal physical, mental, and social well-being, not merely the absence of disease or infirmity.

Vertebral Subluxation: A misalignment of one or more of the 24 vertebra in the spinal column in which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any disease or condition other than vertebral Subluxation. However, if during the course of chiropractic spinal evaluation, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis, or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. **OUR ONLY PRACTICE OBJECTIVE** is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is a specific adjustment to correct vertebral subluxations.

I, _____ have read and fully understand the above statements
(print name)

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction.

I therefore accept chiropractic care on this basis.

Signature of Client

Date

