

**Please read the following office policies before your chiropractic visit.
We will confirm your acceptance of these policies when you arrive.**



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1. PATIENT POLICIES

1. You will be treated with courtesy and respect by our team. We are committed to providing quality chiropractic care and strive to exceed your expectations each and every visit.
2. We will always do our best to honor your appointment time. We appreciate your patience. If you need to be somewhere at a particular time, please let us know so we may try to accommodate your needs.
3. You can expect protection of privacy rights, in compliance with HIPAA. Note that this is a semi-open treatment setting. Please notify us if there are matters you wish to discuss in private.
4. Periodic reexaminations will be performed by the Doctors to evaluate your progress. Some insurance companies do not cover this service, and an additional fee may be due at the time of your visit. This re-exam fee includes Medicare patients, as Medicare only covers the chiropractic adjustment.
5. Payment for all services is expected at the time of service. Payments not made at the time of service are subject to a \$10 billing fee. We will verify and process your insurance based on the information you provide and collect your co-payment/co-insurance at the time of service. Final determination of patient financial responsibility is made upon receipt of the Explanation of Benefits from your insurance company. Services denied by your insurance company are your responsibility. Patient refunds are issued to the

guarantor on the insurance, refund checks are void 90 days after issue and the refund is forfeited.

6. Please inform us immediately upon any change to your insurance.
7. It is your responsibility to contact your family doctor to obtain a referral, if required by your insurance company, prior to your appointment with us. Services provided without a referral will be charged full fee until the referral is received.
8. Please stay in compliance with the treatment schedule discussed during your Report of Findings. If you cannot keep an appointment, please call as soon as possible to reschedule. Please let us know if you will not be returning, so we may note our records accordingly.
9. Returns will not be accepted on products purchased from the office.
10. Please turn off or silence all cell phones. If you need to make or take a call, a chair has been provided in the hallway.
11. We are very sensitive to the smell of smoke! If you're a smoker, you must refrain from smoking two hours before you arrive (and two hours after you leave). Infraction of this policy may result in refusal by the doctor to provide care.
12. When it is your turn for treatment, please remove hanging earrings, dangling necklaces, glasses, hearing aids, and, along with your cell phone, keys and wallet, place them in the Lucite holder in the treatment area.
13. The Doctor will refer you to another health care practitioner if it is found that your particular situation may need additional attention.
14. Your email address will be used for appointment confirmations and office newsletters. Please notify us if your email address changes. "Like" our Family Chiropractic of Lederach Facebook page in order to stay up to date with the latest events, schedule changes and news about our office.

2. CHIROPRACTIC MAINTENANCE POLICY

Chiropractic Care and Your Insurance

Medical insurance companies divide Spinal Manipulation by a Chiropractor in to two levels of therapy:

- “Acute” for when there is an illness or injury being actively treated.
- “Maintenance” for when maximum Chiropractic benefit for an illness or injury has been reached and spinal manipulation is supportive rather than corrective in nature.

Most medical insurance covers the Acute level of therapy only. Some insurers are very specific about documented improvement in a specific time frame.

When further improvement cannot reasonably be expected from continuing care, the services are considered “maintenance”.

If your insurance company specifies a number of visits you are allowed per year, these visits are for Acute care, not for Maintenance care.

The Medical Policies for the Insurance Companies we participate with are available for your review at the front desk.

Spinal Manipulation Fee Schedule

Spinal Manipulation for Acute illness/injury \$50

We will be happy to submit this charge to insurance companies we participate with. We will collect the expected co-payment/co-insurance amount from you at the time of your visit.

Patient responsibility toward the allowed amount for your visit will be finalized when the Explanation of Benefits is received from your insurance company.

Services denied by your insurance company are your financial responsibility.

Spinal Manipulation for Maintenance \$50

This charge is not payable by insurance, we will not submit it to insurance, payment is expected from you at the time of your visit.

If you have a Flexible Spending or Health Savings Account that you wish to utilize, it is your responsibility to know whether maintenance care is allowed under your plan.

A receipt for payment will be supplied upon request.

3. INFORMED CONSENT TO CARE

You are the decision maker for your health care. Part of our role is to provide you with information to assist you in making informed choices. This process is often referred to as “informed consent” and involves your understanding and agreement regarding the care we recommend, the benefits and risks associated with the care, alternatives, and the potential effect on your health if you choose not to receive the care.

We may conduct some diagnostic or examination procedures if indicated. Any examinations or tests conducted will be carefully performed but may be uncomfortable.

Chiropractic care centrally involves what is known as a chiropractic adjustment. There may be additional supportive procedures or recommendations as well. When providing an adjustment, we use our hands or an instrument to reposition anatomical structures, such as vertebrae. Potential benefits of an adjustment include restoring normal joint motion, reducing swelling and inflammation in a joint, reducing pain in the joint, and improving neurological functioning and overall well-being.

It is important that you understand, as with all health care approaches, results are not guaranteed, and there is no promise to cure. As with all types of health care interventions, there are some risks to care, including, but not limited to: muscle spasms, aggravating and/or temporary increase in symptoms, lack of improvement of symptoms, burns and/or scarring from electrical stimulation and from hot or cold therapies, including but not limited to hot packs and ice, fractures (broken bones), disc injuries, strokes, dislocations, strains, and sprains. With respect to strokes, there is a rare but serious condition known as an “arterial dissection” that typically is caused by a tear in the inner layer of the artery that may cause the development of a thrombus (clot) with the potential to lead to a stroke. The best available scientific evidence supports the understanding that chiropractic adjustment does not cause a dissection in a normal, healthy artery. Disease processes, genetic disorders, medications, and vessel abnormalities may cause an artery to be more susceptible to dissection. Strokes caused by arterial dissections have been associated with over 72 everyday activities such as sneezing, driving, and playing tennis.

Arterial dissections occur in 3-4 of every 100,000 people whether they are receiving health care or not. Patients who experience this condition often, but not always, present to their medical doctor or chiropractor with neck pain and headache. Unfortunately a percentage of these patients will experience a stroke.

The reported association between chiropractic visits and stroke is exceedingly rare and is estimated to be related in one in one million to one in two million cervical adjustments. For comparison, the incidence of hospital admission attributed to aspirin use from major GI events of the entire (upper and lower) GI tract was 1219 events/ per one million persons/year and risk of death has been estimated as 104 per one million users.

It is also important that you understand there are treatment options available for your condition other than chiropractic procedures. Likely, you have tried many of these approaches already. These options may include, but are not limited to: self-administered care, over-the-counter pain relievers, physical measures and rest, medical care with prescription drugs, physical therapy, bracing, injections, and surgery. Lastly, you have the right to a second opinion and to secure other opinions about your circumstances and health care as you see fit.

I have read, or have had read to me, the above consent. I appreciate that it is not possible to consider every possible complication to care. I have also had an opportunity to ask questions about its content, and by signing acceptance, I agree with the current or future recommendation to receive chiropractic care as is deemed appropriate for my circumstance. I intend this consent to cover the entire course of care from all providers in this office for my present condition and for any future condition(s) for which I seek chiropractic care from this office.

4. ASSIGNMENT OF BENEFITS/RELEASE OF INFORMATION

ASSIGNMENT OF BENEFITS

I hereby authorize Family Chiropractic of Lederach, LLC ("Provider") to file on my behalf for payment of any medical benefits arising out of any insurance or health plan benefits and hereby assign the benefits to the Provider. I certify that the information reported with regard to my insurance coverage, health care benefits and medical history is accurate and complete. I understand that I am liable for payment to the Provider for all co-insurance, co-payments, and deductibles as required by my insurance or health benefits plan and I also acknowledge that I am responsible for payment of any charges not covered by my insurance or health benefits plan. I understand that I am responsible to know and understand what services are covered under my insurance policy or health benefits plan. Payment is required at the time services are rendered. Final determination of patient responsibility is made upon receipt of the Explanation of Benefits from the insurance company or health benefits plan.

RELEASE OF INFORMATION

I hereby authorize Family Chiropractic of Lederach, LLC and/or their agents:

To release to my insurance provider, benefit plan, or other third party payer, or their agents, any medical or other information necessary to process related health claims, receive payment or to obtain authorization for services, supplies and equipment in accordance with HIPAA.

To request and to receive directly, on my behalf, claims for benefits and/or appeals of any denied claims or authorization and to take action in my name against my insurance company, benefit plan or other third party payer, to receive any benefits that may be due or payable under the insurance policy or benefit plan.

To give medical or other information to any health care practitioner furnishing health care services to me or receive information from them in accordance with HIPAA standards.

5. HIPAA POLICY

HIPAA: Your Information. Your Rights. Our Responsibilities.
(This is an OVERVIEW, the full policy is available upon request.)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Market our services

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

END of Documentation.

**You will have two forms to fill out when you arrive at the office
to complete your initial intake forms.**

Thank you for your cooperation.