

CLINIC POLICIES

Date _____ Patient's Name _____

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our policies is important to our relationship. In order to achieve a practice of providing fine health care at a reasonable cost, we need your assistance, and your understanding of our clinic policies. Please note that certain services carry additional costs (eg, returned checks, restocking fees, 24-hour missed/changed appointment policy, insurance paperwork and other requests for additional information, visit overages and year-ended statements); however, only those patients requesting or receiving those services are charged, instead of those charges being passed on to everyone. We feel that this is the most fair to everyone. Please ask if you have questions about our fees, our policies or your responsibilities.

HIPPA: The Natural Chiropractic Healing Clinic complies with the Health Insurance Portability & Accountability Act (HIPAA Guidelines). We do this to insure the privacy of your protected health information.

FEE FOR SERVICES & TIME-BASED SERVICES: All professional services, fees charged at the Natural Chiropractic Healing Clinic are based on both services and time. Also, there is a \$35.00 fee for no call/no show appointment or no 24-hour cancellation notice. Time-based services include, but are not limited to: treatments, examinations, diagnoses, ordering test, laboratory services, educational material(s), evaluations, new or changes in treatments, consultations and counseling (advice), data analyses and data base-checking. You may pay for your care either monthly, all at once or at each visit.

VISIT OVERAGES DURING TREATMENTS ARE CONSIDERED DISTINCT & SEPARATE SERVICE: Time-based services provided in addition to treatments(s) during pre-appointed treatment time slots are considered visit overages. Visit overages occur when additional time-based services are received in addition to a treatment. This exceeds the pre-appointed treatment time slot and results in increased patient waiting. Also, visit overages are usually considered above "usual and customary" by most insurance plan administrators and thus are not reimbursable towards your insurance claims. This is because they are distinct and separate services, apart from the treatment(s) you receive. Visit overages are charged directly to the patient at the time of service, whether the patient has insurance coverage or not.

RESPONSIBILITY TO PAY; You are personally responsible for payment of all charges. We accept MC/VISA/DISC/AMERICAN EXPRESS cards for your convenience. Using your credit card will allow you to finance your care as you see fit. You must pay for all supplies, nutrients and herbs at the time they are received. **In the event of litigation for the collection of unpaid charges (not covered by insurance) in connection with or concerning the furnishing of chiropractic services to my patients, Natural Chiropractic Healing shall be entitled to recover all costs and expense incurred therewith, including reasonable attorneys' fees.**

OUTSTANDING DEBTS; Finance charges are applied to outstanding balances at the rate of **1.5% per month, 18% APR**. Please contact our office as soon as possible so we can settle any past due accounts in a mutually acceptable manner. Any accounts that remain unpaid in excess of 45 days will be considered a collection account, and have a **\$35.00 late fee** assessed. In the case of an outstanding debt, you would be responsible for all collection fees, legal fees and court costs accrued in the collection of your outstanding debt. Please be advised that any information obtained to collect a debt will be used for that purpose.

BAD CHECKS; There will be an additional **\$45.00 service or handling charge** for each cancelled or returned check.

NUTRIENTS & HERBS; I understand that Dr. Andrea Noey may provide me with nutrients and herbs for purposeful participation in my normal human metabolism. I further understand that statements regarding the structure and function of nutrients as well as **the tenets and metaphors of natural and traditional medicines have not be evaluated by the Food & Drug Administration (FDA)**. I do not seek to use nutrients as drugs or pharmaceuticals, and I understand that according to the FDA, nutrients and herbs are not intended to diagnose, treat, cure or prevent any disease. I not only believe that poor eating habits, stress and illness can lead to nutritional inadequacies and related metabolic abnormalities, but also I further believe that to help support, balance and assist in the recovery from poor health that nutrients and herbs along with a good diet, rest and exercise are essential for good health. I adamantly oppose any efforts to prevent the availability, distribution or sale of any nutrients or herbs by licensed physicians unless it can be proven that such products pose a risk

My choice (see back) is: Insur Self-Pay File Own Work Inj. Auto Acc Medicare _____ (Initials)

Signature _____
(Financially Responsible Party)

CLINIC POLICIES CONTINUED ON NEXT PAGE. A PHOTOCOPY OF THESE POLICIES & AGREEMENTS IS AS VALID AS AN ORIGINAL.

CLINIC POLICIES (Continued)

RETURNS: Returns on most items are accepted when returned **within 60 days of purchase. We cannot accept my returns on special order items or prescription.** See also, re-stocking fee, below.

RESTOCKING FEE: There is a **15% re-stocking fee** on all returned supplies, nutrients and herbs.

REFUNDS: **All special orders are non-refundable.** Requests for refunds for prepaid services will be subject to the regular, per visit charge(s). Refunds will appear as a credit on your account until all of your visits/services have been both timely and properly processed (see "Your Choices" below) by your plan administrator.

RECORDS REQUEST: Requests for extra paperwork/forms for your insurance companies plan administrator, attorney or others, or copies of patient's records will be charged at the usual and customary fees.

YEAR-END STATEMENTS: Save your receipts and visit sheets. Year-end statements, including those statements for flexible-spending accounts on medical savings accounts will be completed for patients upon request for a **service fee of \$15.00 each.**

YOUR CHOICES

Our main concern is your health. Our goal is to never let money matters prevent you and your family from receiving the care you need and deserve.

PLEASE NOTE FOR ALL OF THE FOLLOWING CHOICES: If your coverage in any way should change while this agreement is in effect, you need to notify us within 10 days of the changed status so that your new benefits or change of insurance company can be updated and processed in a timely manner. If your status as a patient changes due to an auto accident, work-related injury or personal injury you must notify us within 10 days of the changed status so that your new benefits or change of insurance company can be updated and processed in a timely manner. Also, for the following we will need a photocopy of your insurance I.D. card, driver's license and credit card.

INSURANCE: Under this choice we will submit claims to your insurance company directly for you. You will be responsible for the following: Any applicable insurance deductible not already met and any charges or services not covered by your particular insurance plan. If your insurance does not pay your claim within 60 days of being submitted, you will be responsible for the balance.

SELF-PAY PLAN: Under this choice you are responsible for all services.

FILE YOUR OWN INSURANCE CLAIMS: Under this choice you are responsible for all services. We will provide you with claim forms to file with your plan's administrator.

MEDICARE: While the services we provide to our patients are regularly covered by standard insurance plans, these same services are considered non-covered by Medicare. **WE DO NOT ACCEPT MEDICARE ASSIGNMENT. Medicare covers most, but not all disease care. You may wish to submit your claims in order to get some possible reimbursement from your secondary insurance. Supplemental plans do not cover, especially when Medicare will not.** We will need a photocopy of your Medicare I.D. card and you will be required by Medicare to sign and Advanced Beneficiary Notice (ABN), proof that you have been made aware that Medicare will not cover some of our services.

WORK INJURY PLAN: On the job injuries are usually, but not always, covered at 100%. For care related an on-the-job injury, you must report the injury to your employer and obtain written consent from them prior to your second visit. We will also need a copy of the injury report. Until necessary insurance information is gathered and estimated, you will be required to self-pay for all of your care.

AUTO INJURY PLAN: Auto injuries are usually, but not always, covered at 100%. You need to supply us with the accident report, your car insurance, health insurance, all liable parties insurances and all attorneys of record. Until necessary insurance information is gathered and estimated, you will be required to self-pay for all of your care.

ALSO, ASK ABOUT OUR PATIENT WELLNESS PROGRAM

A PHOTOCOPY OF THESE POLICIES & AGREEMENTS IS AS VALID AS AN ORIGINAL.