

Welcome to Angelo Chiropractic and Acupuncture Center **“Where health and care come together”**

Thank you for selecting our office for your holistic health care needs. We will determine if Chiropractic/Acupuncture and its associated treatments are indicated for your health condition. We strive to provide the highest quality of care possible. If our modes of care are not indicated, or need to be co-managed we will recommend a health care practitioner to best serve your condition. We treat patients of all ages, backgrounds, and needs. We treat families, athletes, newborns, expecting mothers, the injured and sick, and those who wish to maintain their health. We are HIPPA compliant; we will not release your medical information without written consent from you, unless it is in regard to payment for your health services (i.e. Insurance companies), or other health care professionals involved in your health care. A Privacy Policy and Informed Consent will be provided for your protection, review and signature.

Payment Policy

Payment is due/expected for fees incurred on the date of service, including co-pays, deductibles, coinsurance, or remaining balance. Some insurance policies may be verified on your date of service; however some can require one to two days and should be verified by your second visit. Full payment is due until benefits are verified, unless other arrangements are made. Payment is accepted by CASH, CHECK, or CREDIT CARD.

Insurance and Managed Care

We are contracted with many local insurance plans; our participation in these plans can vary year to year. If you are under a managed care plan or traditional plan, coverage of this plan will be explained to you once verified. Understand that your insurance company works for you. A quote of verification of your benefits is not a guarantee of payment, but a general quote or estimate. This cannot be completely confirmed until the first claim is submitted and paid which is typically thirty days from your first appointment. Benefits of your plan for chiropractic can vary by policy. Some have limits on visits per year or dollar limits per year. These benefits may or may not cover your specific needs. We will inform you of your needs, and allow you to make an informed decision. Know always that we treat patient's needs and not their insurance policy. Treatments beyond plan limits are the responsibility of the patient. Acupuncture, orthotics, braces, supplements, or vitamins are on a self-pay basis, a receipt can be given so you can file to your insurance or use for an HSA account.

Medicare

Medicare covers **ONLY** spinal manipulation provided by a Chiropractic Physician. Medicare pays for 80% of this charge once the yearly deductible is met. The remaining 20% is covered by either a secondary policy or by the patient at the time of visit. Medicare **DOES NOT** cover x-rays, Acupuncture, and lab work, physical therapy (i.e. traction, electrical therapy, ultrasound, and massage). These costs are the responsibility of the patient at the time of service.

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Personal Injury/Automobile Accidents

If you have been involved in an accident inform us immediately. This case requires specific documentation, examination, and specific billing procedures. Incorrect documentation could affect a patient's case (i.e. treatment, lost wages, settlements, etc.). If you are considering an attorney for your case we will be happy to provide a list of attorneys whom we know understand personal injury and chiropractic care. We will wait for a settlement for up to six months after your care is completed. Once the claim is settled or if you suspend or terminate care, fees for services are due immediately.

On the Job Injury (Worker's Compensation)

Any injury sustained on the job must be reported within ten days of injury to your employer. You will need to provide us with the name and contact information for your employer's insurance company. As with personal injury, documentation is very important for your benefits. If your employer does not provide us with the information, or if a settlement is not made within four months, or you suspend or terminate care, any fees are due immediately.

Non- Insured (ONLY) Discount Plan

For non-insured patients only, if you pay for five visits, you will receive one visit free. If you pay for ten visits, you will receive three visits free. Payment must be paid in full for all visits in order to receive free visits. Immediate family members may be included in this plan.

Timely appointments

I understand that when reserving an appointment that my doctor and I are reserving time for my care and if not utilized prevents another from receiving care. Therefore, in order for Angelo Chiropractic and Acupuncture Center to provide timely service to all patients, this office requires a 12-hour minimum cancellation notice. I agree that I am subject to a \$25.00 fee for failure to provide such notice. Furthermore, I understand that third party payers do not cover this cost.

Signature states understanding of all written policy and conveys any assignment of insurance benefits to Angelo Chiropractic & Acupuncture Center.

Patient, Guardian or Authorized Representative

Name: _____

Signature: _____

Date: _____