

Welcome to Angelo Chiropractic & Acupuncture

Thank you for choosing our office for your health care needs. We will determine if Chiropractic/Acupuncture and its associated treatments are best suited for you. We strive to provide the highest quality of care possible. If our modes of care are not best suited, or need to be co-managed, we will recommend a health care practitioner to best serve your needs.

Angelo Chiropractic & Acupuncture treats patients of all ages, backgrounds, and needs -- including families, athletes, newborns, expecting mothers, the injured and sick, and those who wish to maintain their health and function. We are HIPPA compliant; we will not release your medical information without written consent from you. It is, however; released regarding payment for your health services (i.e., insurance companies) or other health care professionals involved in your care. A Privacy Policy and Informed Consent will be provided for your protection to review, and sign.

Payment Policy

Payment is due/excepted for fees incurred on the date of service, including co-pays, deductibles, coinsurance, or remaining balance. 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. 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. Benefits of your plan for chiropractic care can vary by policy. Some have limits on visits per year or dollars 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 that we will always treat patient's needs and not their insurance policy. Treatments beyond plan limits are the responsibility of the patient. Acupuncture, orthotics, brace, supplements, or vitamins are on a self-pay basis. A receipt can be given for insurance or to use for an HSA account.

Medicare

Traditional Medicare covers **ONLY** spinal manipulation provided by a Chiropractic Physician, up to 24 visits per calendar year at 80% of the charge once 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, lab work or Physical Therapy (i.e., traction, electrical therapy, ultrasound, and massage). These costs are the responsibility of the patient at the time of service. Medicare Select policies operate like private insurance and they vary from policy to policy on deductible amount, what they cover and limits.

Privacy Practices

This office is required to notify you in writing, that by law, we must maintain the privacy and confidentiality of your personal health information. In addition, we must provide you with written notice concerning your rights to gain access to your health information, and the potential circumstances under which, by law, or as dictated by our office policy, we are permitted to disclose information about you to a third party without your authorization. Below is a brief summary of these circumstances.

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Permitted Disclosure

Treatment Purposes – discussion with other health care providers involved in your care.

Inadvertent Disclosures – discussion in open office area.

For Payment Purposes – to obtain payment from your insurance company or another source.

Emergency – in the event of an emergency, we may contact a family member.

For Public Health or Safety – in order to prevent or lessen a serious eminent threat to public

Telephone Calls and Appointment Reminders – we may call you and leave messages regarding a missed appointment or apprise you of changes in practice hours or upcoming events.

Change of Ownership – in the event this practice is sold, the new owners would have access to your personal health information.

Personal Injury/Automobile Accidents

If you have been involved in an accident, please inform us immediately. Accidents require specific documentation, examination, and billing procedures. Incorrect documentation could affect a patient's case (i.e., treatment, lost wages, settlements, etc.). Once the claim is settled or if you suspend or terminate care, fees for services are due immediately. A person's PIP (Personal Injury Protection) can be used for one's healthcare. We will also accept a LOP (Letter of Protection) from attorneys we have worked with previously.

Third-Party Insurance

Our office will provide you with information on how to file on your own as we do not accept third-party insurance as form of payment.

Cash Discount Plan

For non-insured patients only, if you prepay for five visits, you will receive one visit free. If you prepay 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, 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 four hour minimum cancellation notice. I agree that I am subject to a \$30.00 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: _____