



## OFFICE POLICIES AND PROCEDURES

We would like to take this opportunity to personally thank you for choosing Ft. Caroline Chiropractic to treat your chiropractic needs and concerns. Below is a list of our office policies. Please take a moment of your time to review our policies and please do not hesitate to ask any questions. **After reviewing the policies below, please initial next to each policy indicating you have read, understand, and will adhere to the written policies.**

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### Patient Treatment

It is our primary goal to restore and maintain the health of your spine. We strive to provide you with the highest quality chiropractic care. If you have any questions regarding your treatment, please feel free to consult with your physician who is providing your care. It is our responsibility to deliver the best health care possible. We highly value your confidence in our practice and we will make a sincere effort to satisfy all your chiropractic needs.

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### Appointments

If you are unable to keep your appointment we require that you contact our office. As a courtesy to other patients who are waiting for an appointment, we request that you call to reschedule your appointment within 24 hours. Patients with 2 or more missed appointments without proper notification will be responsible for a \$30.00 non-refundable charge. Patients with 3 or more missed appointments without proper notification may be asked to transfer their records to another physician. Also as a courtesy to the doctor and to other patients, we require that you be on time for your appointment. When you are late, you put the doctor and therapists behind schedule with their other patients. If you are more than 15 minutes late you may be required to reschedule your appointment. Also, if you feel you need additional time with the doctor beyond your regular visit time, we may need to schedule a special consult with the doctor to provide you ample time to discuss your needs or concerns. We value your time and ours, thus are continuously striving to keep your wait times minimal.

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### Release of Records

If you want your records released to another physician or facility you must sign a Release of Information form indicating who we are releasing records to, as well as, which relevant information you would like us to release. If you wish to receive a copy of your records for your personal files, you must send us a written request. Please allow 7-10 business days to have your records available. Any x-rays taken within our office are our personal property which we are legally responsible to maintain with your records. Actual films may only be checked out for review by another physician at the request of the physician, and must be returned to the office within 30 days. There is a minimum \$25 fee for a copy of records, and any files with greater than 25 pages, will be charged an additional .25 per page.

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### Insurance Benefits

Your insurance coverage is a contract between you and your insurance company. *We are not a party of this contract.* We will bill your insurance company (primary and secondary, if applicable) as a courtesy. Your insurance company does not guarantee payment for services rendered. Your insurance company makes the final determination of benefits and eligibility at the time claim is reviewed.

*You as the policy holder are primarily responsible to know your insurance benefits.* The insurance **DOES NOT** guarantee payment of the benefits quoted and subsequently you will be responsible for any coinsurance or deductibles for services not covered by your insurance carrier. We may assist you, if time permits, to attempt to verify your chiropractic coverage available under your policy.

**By signing below you hereby agree that you understand you are solely responsible to pay any portion of charges not covered by your insurance carrier.**

Patient Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

\_\_\_\_\_ **Required Payments**

**You will be responsible to pay any co-payment, deductible, coinsurance or fees not covered by your insurance carrier at the time services are rendered.** Any outstanding balances greater than 60 days must be paid prior to being seen by the physician or you will be required to reschedule your appointment. You may choose to pay by cash, check, Visa or Mastercard.

\_\_\_\_\_ **Monthly Statements**

You will receive a statement only if you have an outstanding balance on your account. The statement will reflect any balance pending with your insurance carrier as well as any outstanding balance for services not covered by your insurance company. We request that if you receive a statement, that you make payment within 30 days of receipt. **If your balance becomes delinquent past 60 days, your account will be referred to a collection agency and you will be responsible for any collection or litigation fees incurred.**

\_\_\_\_\_ **Privacy Acknowledgement**

You have been provided a pamphlet which describes how your medical information may be used and disclosed and how you can get access to this information. Please read it carefully. By initialing, you hereby acknowledge receipt of the Notice of Privacy Practices by Ft. Caroline Chiropractic Clinic and that you have read, or had the opportunity to review and understood the privacy practices.

Please list who we may release your medical health information to. Whoever is listed below will be allowed to discuss any medical information pertaining to your treatment, as well as, information pertaining to your account balance for services rendered.

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Completed By (print name):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_