

OFFICE POLICIES

The nature of chiropractic services requires that contractual agreements are clearly stated and provided in a consistent manner. Therefore, this description of office procedures and policies is provided to address issues of frequent concern.

OFFICE HOURS

Current office hours are Mon., Wed. and Thurs. 9a-1p and 3p-6p, Tues. 9a-1p, and Fri. 9a-12p.

APPOINTMENTS

Appointments usually take 15-30 minutes. *We ask that you schedule your appointments in advance and be on time to your appointment, as a delay (or early arrival) on your part will affect our entire schedule.*

REPORT/NARRATIVE CHARGES

Please allow fifteen (15) days for the copying of medical records to be made. There may be a charge for the copies of all medical records made at the doctor's discretion. When additional forms and Narratives are requested from the doctor, there is a five (5) business day minimum turnaround on this request. All Narratives will be billed at \$50 per page.

CANCELLED CHECKS/COLLECTIONS

There is a \$35.00 service on all returned checks. If your account is turned over to a collection agency, there will be a placement fee as well as interest charges of 30%.

PAYMENT FOR SERVICES AND INSURANCE COVERAGE

As a courtesy, we file claims with your health insurance company directly for any covered services provided to you in our facility. This includes Major Medical Insurance, Personal Injury Protection, and Medicare. Although we do our best to verify benefits, it is important that you understand that we are given only a "summary of benefits and not a guarantee of payment". It is a possibility that your claims could be processed differently than what our office was quoted at the time of verification. Therefore, you may be responsible for services that your carrier does not cover.

Your co-payment is due at the time of service. Keep in mind that your co-pay may be the full amount of service if your deductible is not met. As a preferred provider for your insurance company, we are bound by the contracted fee and cannot bill you for any amounts not paid by the insurance company. For any services not covered by your insurance, we will bill at our customary rate. It then becomes your responsibility to take care of any balance not paid by insurance.

PATIENT'S HIPAA ACKNOWLEDGEMENT

Moore Chiropractic's "Notice of Privacy Practices" is available upon request at any time.

I acknowledge that I have been provided access to Moore Chiropractic's "Notice of Privacy Practices". I understand that I have the right to review Moore Chiropractic's "Notice of Privacy Practices" prior to signing this document.

I acknowledge that I have read the above document and understand its intent and purpose.

Patient or Representative Signature

Printed Name

Date