



Conscious Chiropractic & Acupuncture

Office Policies

Welcome to Conscious Chiropractic & Acupuncture. We are pleased you have chosen us for your health and wellness needs.

At our Wellness Spa, we treat you as an individual. Beyond treating specific injuries, we customize your therapy to meet your broader health goals, striving to offer treatment that enhances your overall wellness.

Our practice began over 12 years ago as a Chiropractic practice and has since expanded to include Acupuncture and Massage Therapy as core services. Based upon patient feedback, we have added as additional services individual diet and nutrition counseling, weight management, herbal medicine, optimal fitness training programs, exercise and injury rehabilitation, among others. Complex cases may be co-managed by several practitioners who consistently communicate with one another regarding your progress.

Our staff works to make your experiences at our office pleasant, efficient and beneficial. Since we schedule to be ready for you at your specific time, we ask that you please be on time for your appointment. A routine office visit is 10 minutes in length. We understand that some circumstances require more time; for example, a new injury or extreme pain. If you think you may require a longer appointment, please ask the office staff to schedule accordingly. Occasionally, we need to treat an emergency that takes longer than we have anticipated. If we are running behind, we ask for your patience and understanding.

If you are unable to keep your scheduled appointment, we ask that you let us know as soon as possible so we may schedule another person who needs our services into that time slot. Since we often have a waiting list, a late cancellation means someone else missed out on an appointment. There is a 24-hour cancellation policy for chiropractic appointments and a 48-hour cancellation policy for massage appointments. A missed Chiropractic appointment will be billed at \$35 and a missed massage therapy or other appointment will be billed at the applicable full charge.

Our holistic approach to healthcare includes awareness that, in some cases, you may need a specialty that we do not offer. We can refer you to physicians with a like-minded commitment to consider you as the whole person you are. In some cases, to facilitate your recovery or optimal health, we may determine that co-management of your cases is the best choice.

We know you have a choice in health care and we are committed to exceeding your expectations. Please let us know if there is anything we can do to make your visits with us more comfortable.

Payments

We request payment at the time of services rendered. A 1.5% interest will accrue and be assessed monthly to accounts 30 days past due. Accounts are delinquent at 45 days and are subject to a continuing compounded interest each month.

Financial arrangements are subject to renewal at the start of each New Year. Should changes arise in your medical or financial situation that would affect your current financial agreement, you must notify our office prior to your next appointment. Should you discontinue care or be released from further service at our office, all outstanding balances will be due. Our office accepts cash, checks, Visa and MasterCard. Exceptions to this policy are detailed below.

Major Medical Insurance

If you have health insurance, please ask our staff for a 'superbill' of services rendered for you to submit to your insurance company for reimbursement. Although we cannot guarantee any reimbursement from your health insurance company, we are glad to answer any questions concerning the billing process. To enable us to better assist you, if you are not sure of your insurance benefits, please ask us for an insurance verification form. In some cases, as a courtesy to you, we will bill your insurance company. To do this, we will require an assignment of benefits to allow us to be paid directly by your insurance company.



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Insurance Assignment

Our office accepts insurance assignment under special conditions. After insurance coverage has been verified, we will submit claim forms directly to your insurance company and collect your patient co-payment and deductible, if applicable. However, please understand that this is a courtesy to you, and that you are fully responsible for any amount not paid by your insurance. The contract for health insurance is of course between you and your insurance company.

Carefully review your "Explanation of Benefits" when you receive it in the mail. Call your insurance carrier directly to resolve any discrepancies on your claims to avoid out of pocket expenses.

We will make every attempt to facilitate the processing of claim forms. Verification of benefits by our office does not guarantee that the insurance company will pay your claim. We will not enter into a dispute with your insurance company over your claim; however, we may ask you to consider filing a dispute on our behalf.

In the event that your insurance company or attorney inadvertently sends payments to you for services we have performed, any checks should be endorsed and sent to Conscious Chiropractic & Acupuncture with the Explanation of Benefits that normally accompanies the check.

Worker's Compensation

If you have sustained an injury on the job, and it is determined to have occurred during work related to your employment, your treatment will be covered under Worker's Compensation coverage and billing will be performed entirely through our office.

Personal Injury

If you have sustained a non-work related personal injury, we may be able to bill your med pay or major insurance. There may be an occasional case in which, at your doctor's discretion, CC&A is willing to treat you on a lien. This means that payment to our offices will occur once a legal case is settled. Please be aware that we do not discount our bill at the end of treatment for any reason.

Additional Fees & Information

Returned checks will be assessed a \$20.00 fee. An interest rate of 1.5% monthly may be applied to any unpaid balances.

In signing below, I understand these policies and agree to pay for treatment accordingly, and also agree that I am responsible for any unpaid balances. I further understand that with regard to personal injury legal cases, any monies due to CC&A must be paid no later than 15 days following the date of settlement. Withholding payment or defaulting on a medical debt is considered a legal breach of this contract. I understand that CC&A may report me to a credit-reporting agency or take legal action as necessary to be paid for services rendered.

PATIENT NAME (PRINTED)

DATE

SIGNATURE

Driver's License Number