

Shannan Chiropractic Office Policies

1. Whether it is an insurance co-pay, a percentage, or cash, payment is due at the time services are rendered, or in advance. We accept cash, check, or credit including Visa, MasterCard, and Discover. Federal law and insurance contracts mandate that we must collect ON THE DAY services are rendered, so please help us comply by coming prepared with payment. (Initial)_____
2. After becoming an established patient, all new injuries not previously examined must have time scheduled, on the NEXT visit, to properly examine and document the extent of the injury; then care will begin. Please let us know if you have had a car accident or other injury when you call to schedule your visit so that the correct time can be allotted. (Initial)_____
3. All returning patients who have not been seen in 1 year will need new x-rays to determine the state of their spinal alignment. Doctors may choose to use previous x-rays if they determine they will be sufficient. (Initial)_____
4. We can no longer accept liability insurance as payment for an automobile accident case. We will accept your personal injury protection (PIP) insurance within your policies limitations (which is the patient's responsibility to verify). You may also submit the injury to your health insurance, with the understanding that they may request compensation from you for what they have paid. Otherwise, payment must be made at the time the services are rendered, and the at-fault party liability insurance will reimburse you at the end of care. (Initial)_____
5. If you know you are going to miss an appointment, we ask you to let us know with 24 hours advanced notice so that we may schedule another patient. We understand when unforeseen circumstances arise, but if repeated missed appointments occur, a missed appointment fee may be assessed after 3 such instances, and every missed appointment thereafter. Also, if you are running late to an appointment, we ask that as a courtesy to the next patient, to please call as soon as possible to determine whether we can fit you in, or reschedule your appointment time. A "missed appointment" is defined as an appointment where no phone call has been made prior to appointment time. (Initial)_____
6. The doctors will do everything they can within the scheduled appointment time. Any additional time needed with the doctor, if available, will incur an additional fee. If no additional time is available, in order to respect the next patient, a future appointment will need to be scheduled. Time needed to discuss nutrition must also be scheduled appropriately, and only short questions can be answered during adjusting times. Messages concerning care can be left with staff at any time, and calls will be returned as soon as possible. (Initial)_____
7. Insurance information, if any, must be furnished prior to or at the time an appointment is made. Our new system will not allow us to back-date charges to previous appointments. Please tell the staff if you have new insurance, so that we can file your insurance appropriately. (Initial)_____

Patient's or authorized person's signature: I authorize the release of any medical or other information necessary to process claims for the below named patient. I also request payment of insurance benefits and or government benefits to Shannan Chiropractic.

If I retain an attorney, I hereby request and authorize him/her to pay directly to Shannan Chiropractic any monies due on account, the same to be deducted from any settlement made on my behalf.

Due to insurance benefits varying so widely, I understand that I am responsible for any and all bills incurred in this office for the patient named below, including any balances due after insurance or any other responsible parties that have made appropriate payments. **I also agree to confirm all insurance benefits myself.**

I have read and understand the office policies outlined at the top of this page, and agree to be bound by its terms. I understand and agree that such terms may be amended from time to time by Shannan Chiropractic. I also have had a copy of this office's Notice of Privacy Practices made available to me, which explains how medical information will be used and disclosed.

Printed Patients Name: _____

Signed: _____ **Date:** _____