

Informed Consent To Chiropractic Care

When a patient seeks chiropractic health care and we accept a patient for care, it is essential for both to be working towards the same objective. Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

Adjustment: An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

Health: A state of optimal physical, mental and social well being, not merely the absence of infirmity.

Vertebral Subluxation: A misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express maximum health potential.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal examination, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. **OUR ONLY PRACTICE OBJECTIVE** is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

Chiropractic care, including spinal adjustment, has been the subject of government reports and multi-disciplinary studies conducted over many years. It has been demonstrated to be highly effective for spinal pain, headaches and other similar symptoms. Chiropractic care contributes to your overall health and well being. The risk of injuries or complications from chiropractic care is substantially lower than that associated with many medical or other treatments, medications, and procedures given for the same symptoms.

Doctors of chiropractic who utilize spinal adjustments are required to advise patients that there are, or may be, some risks associated with such care. In particular you should note:

- a) While rare, some patient's have experienced rib fractures or muscle and ligament sprains or strains following spinal adjustments.
- b) There have been alleged cases of injury to a vertebral artery following cervical spinal adjustments. Vertebral artery injuries have been known to cause stroke, sometimes with serious neurological impairment, and may on rare occasion result in serious injury. The possibility of such injuries resulting from cervical spinal adjustment is extremely remote.
- c) There have been rare reported cases of disc injuries following cervical and lumbar spinal adjustment although no scientific study has ever demonstrated such injuries are caused or may be caused, by spinal adjustment or chiropractic treatment.

I acknowledge I have discussed, or have had the opportunity to discuss, with my chiropractor the nature and purpose of chiropractic care in general and my care in particular (including spinal adjustment) as well as contents of this Consent.

I consent to the chiropractic treatment offered or recommended to me by my chiropractor, including spinal adjustments. I intend this consent to apply to all my present and future chiropractic care.

Date: _____

Patient's Name: _____ Witness's Name: _____

Patient's Signature: _____ Witness's Signature: _____

Welcome to our practice! We are proud to provide three options for the handling of our patient's financial accounts. Please review the following choices and check the type of arrangement that best depicts the way you would like us to handle your account.

Thank-you!

Non-Insured / Cash Option

The following policy applies to those patients who do not have health insurance benefits or to those who prefer to pay for their services and handle their own insurance processing.

1. Our office does not routinely bill patients for their care. Payment is requested at time of service.
2. We accept cash, check, MasterCard, VISA and Discover as payment for our services.
3. We will not deny care to anyone based on their inability to pay for our services.
4. If necessary, we will make special arrangements with patients who request such.
5. Account balances 30 days past due may be charged a service fee of 12% per year compounded monthly.
6. Any account where no payment has been received for 60 days may be sent to a third party collection agency. Any additional collection fees will be the responsibility of the patient.
7. We will provide forms, information and the guidance to enable patients to process their own insurance claims if so desired.

Insurance Option

The following policy applies to those patients with appropriate health insurance coverage.

1. All co-insurance and co-pays are due at the time of service.
2. We will accept written assignment on the estimated amount of insurance benefits available.
3. We will pro-rate your portion into weekly payments.
4. The patient is always responsible for the payment of their care. An insurance contract is between the patient and the insurance company. Any statement made by our office staff regarding your coverage in no way guarantees that your care here will be covered.
5. Only patients undergoing active care will be eligible to assign their insurance benefits to their office.
6. If you should discontinue care prior to being released by the doctor, all outstanding balances will immediately become due and payable.
7. We are a "Preferred Provider" for most local managed care organizations. Please give your insurance card to the office staff so that your benefits can be used to their fullest.

Medicare Option

The following policy applies to those patients with Medicare insurance coverage. We are a Medicare approved, "non-participating" provider. (Please ask for details.) The following policies are federally mandated.

1. We cannot accept assignment on the Medicare benefits and the patient must pay for their care as received. (We will make financial arrangements when necessary.)
2. We must file Medicare on our patient's behalf. Reimbursement checks will be sent directly to the patient. (To avoid delays in your reimbursement, do not send any claims to Medicare yourself.)
3. Medicare mandates chiropractic x-rays and may limit the number of office visits.
4. Please ask for your "Medicare handout" for more details.

I understand & agree to the financial option noted above & I wish to pursue my financial relationship based on that option.

Signature: _____

Date: _____