

Welcome to Hurd Life Chiropractic. We strive to provide our patients with the highest quality of care by providing and maintaining a collaborative provider-patient relationship. Informing you of our office policy in advance allows for an effective flow of communication and enables us to achieve our goal of an excellent patient experience.

Please carefully read the following policy regarding your personal responsibilities in working together to provide you with the highest quality of Chiropractic care. Hurd Life Chiropractic reserves the right to make changes in this policy as needed, you may request a copy of the most recent policy from the front desk staff at any time.

FINANCIAL POLICIES

1. On your first visit, please check in with the front desk and present your insurance card(s) and photo ID. You must present all your cards *prior* to receiving treatment or you may be held responsible for all charges. If the insurance information you provide is incorrect, you will be responsible for the cost of all care provided.
2. If you have a secondary or supplemental insurance and you do not inform the front desk staff *prior* to receiving care or if your primary coverage does not have a coordination of benefits with your secondary coverage, you will be responsible for your account balance. Upon request, we can provide a superbill for you to bill directly to your secondary insurance for reimbursement. If your secondary coverage does not process the bill in a timely manner, you are responsible for any unpaid balance.
3. **Payment for all services provided is due at time of service**, though the amount due may vary depending on your eligible discounts. If your insurance policy does not include Chiropractic coverage or if our providers do not participate in your insurance plan, full payment is due at time of service.
4. It is your responsibility to know your insurance benefits and be aware of any co-payments/co-insurance, deductibles, visit limits, referral or network requirements, and any changes made to your plan. A quote of benefits is not a guarantee of payment, you are responsible for the cost of your care regardless of the quotes given by your insurance company or our office.
5. According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances. Payment is due at the time of the visit and you are responsible for paying any amount that is determined your responsibility by your insurance company, regardless of the amount collected or quoted at the time of the visit.
6. We will file insurance claims to In-Network providers. You are responsible for any charges or portion thereof for which payment is denied by insurance for any reason, except where prohibited by law or contractual agreement.
7. **Patient balances are due immediately upon receipt of your insurance plan Explanation of Benefits (EOB).** Your insurance Co. may supply the EOB electronically or mailed to you. Any balance remaining 10 business days after receiving your EOB is considered past due and may be sent to a collection agency. If your insurance company determines that you have overpaid, please let our front desk staff know. We can issue a refund by the same method as the original payment or to allow the credit to remain on file to apply toward a future balance.
8. To ensure accurate and timely billing, **you must inform us of any changes in insurance, address, or phone number immediately.** If you have a change in your insurance coverage, please notify the front desk staff immediately and provide the updated card as soon as you receive it. Failure to report any of these changes may result in a lapse of coverage for which you will be financially responsible.
9. We will recommend and provide the services that your provider believes would be most beneficial to your individual case, regardless of whether or not your plan will pay for those services. Approval of Chiropractic care is dictated by the insurance company's definition of "Medical Necessity" meaning that chiropractic being included in your insurance coverage does not guarantee approval of services.



9. If your case no longer meets the definition of medical necessity as outlined by your insurance provider, your insurance will no longer be billed and you will be responsible for the entire cost of your care. If your condition changes and qualifies as medical necessity again, insurance billing may resume.
10. **FOR MEDICARE PATIENTS:** We are not Medicare assigned, but will bill Medicare on your behalf. **You must pay us in full at the time of the visit for all services rendered.** Medicare will process your claim, determine the amount covered by your plan, and then send any payments directly to you as a reimbursement for what you paid to us (if covered by your plan). If you have a supplemental insurance, Medicare will forward the bill on to them.
11. **FOR NON-INSURANCE PATIENTS:** For those without health insurance covering chiropractic care, we offer a 15% time-of-service discount on customary services. This discount only applies when paid at time of service and cannot be applied to a balance at a later date (medico-legal and auto accident/personal injury cases are excluded from this discount). If you do not have chiropractic coverage as a part of your health insurance, ask the front desk staff about becoming a member of ChiroHealthUSA to qualify for discounts on active care.
12. Hurd Life Chiropractic accepts payment by cash, personal check, and most major credit cards. A \$35.00 fee, plus any bank fees incurred, will be charged for any returned checks. Hurd Life Chiropractic offers a service to securely hold your credit card information with a PCI DSS compliant processing company. **If you do not want your card saved on file, please notify us at the time of payment.**
13. All patients under the age of 18 must have a parent or guardian named as financially responsible for their patient account. Unless otherwise notified, the parent or guardian that signs this document will be held responsible. When a minor under care with the office turns 18, they will be held financially responsible for any charges incurred on or after their 18th birthday, even if they are still covered under their parent's health insurance.
14. Any patient displaying belligerent or hostile behavior may be immediately dismissed from the practice and any remaining balances on their account may be sent to a collections agency.

APPOINTMENT POLICIES

1. You will receive an automated text message reminder for your appointments. When you receive this message, you may respond to the text and let us know if you are unable to make it to your appointment. If you no longer wish to receive the reminders reply STOP or ask our front desk staff to revoke your consent to texting.
2. If you have a new injury or concern, please notify the front desk staff when scheduling your appointment to allow enough time for you and the doctor to properly address your concerns.
3. We strive to minimize wait time, however emergencies and unexpected prolonged visits do occur. We appreciate your understanding at these times.
4. If you are late for an appointment, we will do our best to accommodate you, but you should expect to have to wait until there is an opening in the schedule. Depending on the other appointments scheduled that day, it may be necessary to reschedule your appointment.
5. We understand your time is valuable and so is ours. Missed and cancelled appointments represent a cost to us, to you, and to other patients of our practice who could have been seen in the time set aside for you. Because of this, **we reserve the right to charge a \$25 fee for cancelled or missed appointments.** Please provide 24 hours notice if you are unable to attend an appointment to avoid incurring a fee. Multiple missed appointments may result in dismissal from the practice.
6. We will not schedule further routine appointments if your account has an outstanding balance or you have defaulted on a payment plan.

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FORMS AND RECORDS POLICIES

1. Failure to complete forms may result in your appointment being rescheduled to a later time or to another day. This includes but is not limited to all intake, change of condition, and insurance-related forms.
2. We will not release your records to anyone without your written consent, unless required by a subpoena. If at all possible, all records will be sent electronically by fax or encrypted email to the approved recipient.
3. You have the right to request a restriction on the uses and disclosures of your Protected Health Information (PHI) and to request a record of disclosures of PHI. You may also request confidential communications or that communication of PHI be made by alternative means, such as sending correspondence to your office instead of your home. If you have any special requests about how you are to be contacted about your PHI, let the front desk staff know to make a note in your patient file.
4. Please note that patients over the age of 18 may request to review or receive a copy of their medical records, as noted above. Additionally, minors who are legally able to consent to treatment or counseling related to birth control/family planning, pregnancy, or sexually-transmitted diseases, may request records related only to that treatment. In both situations, parents or guardians will not be provided any information or records unless the patient signs a Medical Records Release Form.

SCHEDULE OF FEES

CHIROPRACTIC EXAMINATIONS

<i>New Patient History Examination</i>	\$60.00-\$225.00
<i>Established Patient-Expanded, Detailed, or Comprehensive Examination</i>	\$75.00-\$185.00

CHIROPRACTIC DIAGNOSTIC EVALUATIONS OR IMAGING STUDIES

<i>X-Ray Imaging</i>	\$60.00-\$225.00
<i>Other Diagnostic Testing</i>	\$17.65-\$175.00

COMPREHENSIVE CHIROPRACTIC ADJUSTMENT	\$38.00-\$110.00
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THERAPY TECHNIQUES AND THERAPEUTIC EXERCISES	\$60.00-\$65.00
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DOCTOR PATIENT CONFERENCE	\$75.00
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Any combination of these fees may be charged when such services are rendered to you and/or your family members.

These procedures and fees may be subject to change **without prior notice**. A copy of the most recent detailed schedule of fees is available from the front desk at any time upon request.

ACKNOWLEDGEMENT

Please sign and date the Acknowledgment of Receipt on the following page and deliver it as instructed on the form.

Revision History

Version	Date	Official	Description of Change
1.1	01/01/2023	Allyssa Imano, C.O.	Initial version.
1.2	02/08/2023	Allyssa Imano, C.O.	Added separate acknowledgement page.
1.3	01/01/2023	Allyssa Imano, C.O.	Updated financial policies.



Acknowledgment of Receipt: Office Policies

Please sign, date, and return this acknowledgement form to: Hurd Life Chiropractic, P.C. Attn: Front Desk.

I acknowledge that I received and understand the Hurd Life Chiropractic, P.C. Office Policies. I have also had an opportunity to ask questions about its content, and by signing below agree to abide by this policy as a condition of receiving care at Hurd Life Chiropractic.

*I have read and understand the usual and customary professional fee schedule for Hurd Life Chiropractic and realize that any combination of these fees may be charged when such services are rendered to me and/or my family members. I further understand that these procedures and fees may be subject to change **without prior notice**. A copy of the most recent detailed schedule of fees is available from the front desk at any time upon request.*

I understand that this practice reserves the right to change the terms of its Office Policies at any time. If changes to the policy occur, the front desk can provide me a copy of the revised Office Policies upon request.

Patient Name

Signature of Patient or their Representative

Date

_____ Initial here to decline to receive a copy of the above referenced document for my records.

If signed by a Representative:

Print name of Representative

Relationship of Representative (including basis of authority to act as personal representative)