

COVINGTON CHIROPRACTIC CENTER
26708 180TH AVE SE #102
COVINGTON, WA 98042

PRIVACY PRACTICE NOTICE

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information and to provide you with this privacy notice. We reserve the right to change our privacy practices and the terms of this NOTICE at any time, provided such changes are permitted by law. You may request a copy of this NOTICE at any time.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations.

EFFECTIVE DATE

This notice is effective as of _____, 20_____.

ACKNOWLEDGEMENT

I acknowledge that I have received a copy of the PRIVACY PRACTICE NOTICE effective _____, 20_____.

Name of Patient (Printed)

Name of Patient (Signature)

PROFESSIONAL FEE SCHEDULE

<i>INITIAL CONSULTATION</i>	<i>NO CHARGE</i>
<i>CHIROPRACTIC EXAMINATION</i>	<i>\$84-173</i>
<i>CHIROPRACTIC ADJUSTMENT</i>	<i>\$45-67</i>
<i>THERAPY</i>	<i>\$19-38</i>

We feel it is best to have an understanding with our patients concerning our office policies and fees. We have therefore, prepared this form for your information and convenience. We offer several types of payment plans for you Chiropractic care. Please read this carefully and check the plan that best fits your needs and then sign. This information enables us to better serve you and avoid any misunderstandings in the future. If you need to make special arrangements, please speak to the receptionist. Our main concern is your health and well-being, and we will do our best to help you.

_____ **INSURANCE:** If your insurance plan covers Chiropractic care, we will bill your insurance directly. You are responsible for any of your unmet deductible for the year and any uncovered charges. We prefer you pay your portion of your balance at each visit or weekly. After we receive payment for your insurance, uncovered charges will be billed to you at the end of each month. If your insurance has not paid within 6- days of billing, you are responsible for any unpaid balances. Please advise the front desk how you plan to make payment. In the event that an insurance payment comes to you, you are expected to bring us the check promptly.

_____ **MEDICARE:** Medicare is only a supplemental coverage and it does not cover most charges. We will bill Medicare and any secondary insurance plans directly. You are responsible for any of your unmet deductible and any uncovered charges. Most of our Medicare patients prefer to pay at time of service, if this is not possible, we can make arrangements.

_____ **CASH:** Fees are to be paid at time of service.

_____ **MONTHLY CASH AGREEMENT:** For active patients who qualify, we will extend knowledgeable credit and bill you monthly. However, should you decide to discontinue care with us, your entire unpaid balance will be due immediately.

_____ **STATE INDUSTRIAL:** You need to have reported your injury to your employer. Fill out and sign all necessary papers by your second visit. We will bill Labor & Industries and private insurance directly.

_____ **PERSONAL INJURY:** You need to provide us with an accident report and all other necessary information by your second visit. We will bill the insurance company or your attorney. If payment should come to you, you are expected to bring it to us promptly. If you need an attorney we can recommend one to you. You are responsible for all or any of your balance that is not accepted.

I have read this policy and understand and agree to the terms stated.

Patient's Signature

Date

Witness

Covington Chiropractic
Dr. Neal B. Vitalis
26708 180th Ave SE Suite 102
Covington, Washington 98042
253-630-9777

TERMS OF CHIROPRACTIC CARE ACCEPTANCE

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both the doctor and patient 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 disease or 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 its 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.

I, _____ have read and fully understand the above statements.
(print name)

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction.

I therefore accept chiropractic care on this basis.

(signature)

(date)

Website Membership Enrollment

The information on our website will help you

Get Well and Stay Well.

Please provide the following details so we can establish you as a member of our website today:



First name: _____

Last name: _____

Date of birth: ____ / ____ / ____

Email address: _____

Please check the health subjects that most interest you:

Headaches and Neck Pain

Diet and Nutrition

Backaches and Sciatica

Stress Management

Children's Health Issues

Wellness Topics

Exercise and Fitness

Women's Health Issues

By joining our website, you authorize us to send occasional health care related emails to you. Naturally, you may opt-out at any time. Please review our complete privacy policy on our website.

Lifecycle: _____

Chiropractor: _____