

# JOHNS CREEK WELLNESS CENTER PATIENT POLICIES

## Appointment Policy

Office visits are scheduled according to the severity of your condition and the program of chiropractic care that the doctor feels is best for you. Because your condition could require numerous appointments over the next few weeks or months, we have designed a Multiple Appointment Program for your convenience. This procedure minimizes your time in the office and incorporates your appointments into your daily routine.

**The frequency of your visitation schedule is of paramount importance to your results, so we ask that each patient assume the responsibility of strict adherence to the appointment program as it is designed for optimum results.**

Regardless of how many appointments are scheduled for you each week, please note that it is the frequency of visits that count, not the days on which you receive the service. If, for any reason, you are unable to keep an appointment, we require that you telephone immediately to reschedule that visit. It is the patient's obligation to **make up a missed appointment within 7 days of any cancellation in order to adhere to the appointment program designed for you.** Effective November 17, 2008, this office reserves the right to charge a \$25 fee for missed appointments and those appointments cancelled without 24 hours notice.

When entering the office on any given visit, please go directly to the front desk and "sign-in." We sincerely attempt to honor all appointments at the scheduled time. If you are late, you may be asked to wait for the next available appointment. If we are unexpectedly running behind, we will attempt to call you and advise you on the status of your appointment time. If you have any questions regarding our office policy or your appointments, please do not hesitate to ask.

Initials: \_\_\_\_\_

## Special Consultation

The purpose of requiring all new patients to attend a Special Consultation or Spinal Health Orientation is to enlighten you about your body, especially the spine and nerve system. Since chiropractic is clearly not the practice of medicine, and is probably new to you, it is essential to understand how to help us help you get well faster. We have found that patients who have attended seem to respond better, because they understand the cause of their problem and what we are attempting to do to correct it.

Proper health care is a two-way street, meaning that both the doctor and the patient have various responsibilities to uphold, if you are to receive maximum benefits in the minimum amount of time. Natural healing requires our joint cooperation!

**Your attendance at the Special Consultation is highly recommended! It is part of your program of care, as it will decrease the amount of time you will be under care and most of all, save you money.** Further, we encourage you to bring your spouse/significant other or another family member, so he/she can understand the importance of your care and learn to assist you in your quest to regain your health. Friends and relatives may also attend, as this is a terrific way for them to find out the value of chiropractic care. Just ask at the front desk to reserve a place for your guests.

Initials: \_\_\_\_\_

## Massage Policy

Massage is only payable by insurance if you are following a chiropractic care plan; otherwise it is cash pay only. The amount of massage and schedule is determined by the doctor. If you are not following your chiropractic care plan schedule, massage will not be submitted to your insurance. A 24-hour cancellation policy is needed to cancel otherwise you agree to pay \$70 for your missed appointment.

Initials: \_\_\_\_\_

## Financial Policy

1. It is the policy of this office that all services rendered are charged directly to you, the patient, and that ultimately the patient is responsible for all services, including those not reimbursed by third party payers.
2. All payments are expected at the time of service.
3. All insurance assignment patients must pay their deductibles in full and the co-payment at the time of service.
4. Returned checks and balances over 30 days may be subject to additional collection fees and interest charges of 1.5% per month. A charge of \$25 will also be made for missed appointments and those cancelled without 24 hours notice. All accounts that require being sent to a collection agency or attorney will be assessed a one hundred dollar administrative fee.
5. All accounts not paid within 30 days, and after attempted contact will be submitted to collections.

Initials: \_\_\_\_\_

## Insurance Policy

1. The privilege of insurance assignment begins when our office receives your insurance forms.
2. All deductible payments **MUST** be made prior to insurance submittal.
3. You are considered to be a cash patient until our office "qualifies" your coverage to determine the extent of benefits under your policy.
4. All co-payments are payable when service is rendered. This office does not file for or accept co-payment for secondary insurance coverage.
5. Should you discontinue care for any reason other than discharge by the doctor, any and all balances due will become immediately payable in full, regardless of any claims submitted.

6. This office does not promise that an insurance company will reimburse you for the usual and customary charges submitted by this office, nor will we enter into any dispute with an insurance company over the amount of reimbursement. Our fee is our fee.
7. Since we do not own your policy and occasionally we experience difficulty in collecting from the carrier, we may ask for your active assistance in rectifying this situation. It is our responsibility to collect from the patient whatever your EOB states on the date of service. It is your responsibility as a patient to dispute the charges with your insurance company.
8. Since we do not own your policy, nor can we predict the amount of coverage your carrier will deem medically necessary, it is not our responsibility to advise you of what is covered as medically necessary versus what is not medically necessary. Our plans are designed to include "medical necessary care" AND what your carrier may deem as "not medically necessary". Your insurance will cover what it feels is medically necessary and you agree to pay the costs involved for services that are deemed "not medically necessary" by your carrier.
9. Lastly, it is the goal of this office to provide you with the finest quality chiropractic care available. If you have any questions with regard to your health care, or any of our policies, please let us know.

Initials: \_\_\_\_\_

## Cash Policy

All services are payable at the time they are rendered.

Initials: \_\_\_\_\_

## Cash Practice Programs

Our financial care plan is designed to allow you, our patients, to obtain relief from your symptoms, heal your body and experience an improved quality of life. This is a long-term process and our financial program is a way to assist you financially during this time. Our cash plan system explains the number of visits you will be expected to complete and the discounted fee-for-services rendered. This fee can be paid in advance, monthly or weekly. What is covered under this plan will be explained in detail by the doctor when the agreement is discussed and agreed to. At the end of the agreement period, you and the doctor will discuss future care.

Initials: \_\_\_\_\_

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*Patient Signature*

\_\_\_\_\_

*Date*