



Performance CHIROPRACTICSM

Connecting You to Your True PotentialSM

Welcome to Our Office! **Here is what you can expect...**

Welcome!

Choosing a doctor is a major decision, and we want you to know that you are valued as a person, not just as a “patient.” You can expect to be welcomed with a friendly smile; and if you have any questions, just ask.

Comprehensive History & Consultation

The doctor will discuss why you decided to seek care here, and your goals. If you are in pain or have a symptom, we’ll discuss it; and we’ll also discuss what you’d like to achieve here. We believe that a thorough history guides diagnosis; in fact, many doctors believe that a proper history is 90% of an accurate diagnosis.

Examination

Many people feel nervous about having a doctor perform tests which they do not understand; so ask questions if you have them. A thorough examination helps us figure out what’s wrong, and how to best help. We’ll gather information: vital signs, orthopedic & range of motion testing, neurological evaluation, focused regional and/or systems examination, specialized chiropractic analysis, & special tests. We’ll review prior doctors’ reports if relevant; or order new tests such as x-ray, lab work, or MRI/CAT scan as appropriate. If your problem(s) require another doctor, we know other top specialists who are capable of assisting you. Often, we “co-manage” such cases; for example, your internist might monitor your diabetes while we manage your disc bulge or stenosis.

Report of Findings

The Report of Findings (“ROF”) is designed to answer questions that you need to know: 1. What’s the problem? 2. What’s the cause(s)? 3. Can chiropractic and/or acupuncture help – and how long will it take?

Treatment

Most people come to our office because of an initial problem that may or may not be painful. All our patients wish to improve their ability to live and function their best. Your specific needs guide the plan. We want to help your body begin its healing process as soon as possible.

After the ROF (see above), we’ll begin the plan of care. Though pain is a main reason people seek our care, our treatment plans go beyond the “band-aid” approach. We’ll help you with acute pain; & then get started on a plan for healing & keeping you healthy. Our goal—and (hopefully) your goal—is to help you achieve your true potential.

Your health is something that can only flourish when you are a part of your own health-care team; for this reason, the doctor often makes recommendations for work, home, the playing field, etc. If you have questions or concerns as to how you can get better, faster, feel free to ask. We want you to get (& stay) healthy, & to tell friends and family about the excellent care you receive here.



I'm Feeling Better!

Congratulations! Patients often feel better after a few treatments. Although this may seem like a good thing, patients often mistake this feeling for a total cure of their condition. They “forget” to do their exercises, they slip back into old patterns, they even miss an appointment or two because they’re “busy”... & then they relapse. Symptom relief does not indicate a correction of your condition! To avoid these complications, follow the plan. Before jumping back into your old habits, or (worse yet) missing an appointment or two, please discuss your thoughts with your doctor – it is in your best interest!

I'm Feeling the Same (or have a new ache/pain).

Healing takes time. Sometimes, you'll initially feel sore or just “different” after a treatment. This is a phenomenon called “retracing.” Sometimes patients actually feel worse, before they feel better. Your body isn't accustomed to functioning properly, & it may have “locked in” negative patterns. Though we want you to get back to your life, healing takes time. Your frame & nervous system need your help, & your patience, to adapt to a new normal & abandon dysfunctional patterns.

Your discomfort will typically disappear over time as the body settles in to the new patterns of movement and function. If any severe or continued discomfort occurs, please be sure to tell the doctor.

How Many Visits?

This depends on your goals, and on the severity and duration of your injuries. If your goal is only to get out of acute pain, and your injury is minor and relatively new, then helping you out of pain should only take a few visits; however, health is more than the absence of pain. It often takes time for symptoms to arise (your dentist will tell you that cavities never hurt the day they start) and time for your body to heal & rebalance. Our average case takes weeks to make lasting changes, and it's not uncommon for a long-term problem or severe trauma to require months of care for correction. After a full course of chiropractic care has you back on track, we offer Wellness Care. Wellness Care is similar to automobile maintenance or dental checkups: preventative care pays BIG dividends in the long run.

Wellness Care

We have a healthy family of patients who come to us monthly (typically every 3-4 weeks) for Wellness Care (some call it a “tune-up”). Join the family! Start thinking about Wellness Care now, on Day One. There's no time like the present to begin moving towards a healthy future. Bonus: Being healthy saves you money and aggravation!

How Much Will this Cost?

Nobody likes an unexpected bill, so please review our fee schedule (posted on the wall at the front desk), and feel free to request receipts. Though the front desk staff cannot predict what the doctor will recommend for you, they can tell you average costs for visits. Just ask!

Our financial policies are designed to make your health care affordable. If you have insurance, we will file it for you. If your insurance will assist toward your care here, it is your responsibility to understand what they may not cover. If your case requires special documentation (such as personal injury, worker's compensation, Medicare), we will prepare and submit it for you. We also have flexible financial options (Auto Debit or “EZ Pay”), which is a popular option for patients desiring flexibility to meet personal budgets as well as the convenience of fast checkout.

Next Steps

Before you leave, we'll confirm your next visit; provide you with receipts or prescribed items (referral list, durable medical equipment, supports, etc.); & arrange payment in accord with office policy. We'll see you soon!

Thank you for choosing Performance Chiropractic



***Performance Chiropractic, LLC ♦ 1307 Jamestown Road, Suite 103 ♦ Williamsburg, Virginia 23185
(757)229-4161 ♦ www.performancechiropractic.com ♦ www.facebook.com/performancechiro***

Authorization for the Release of Medical Records

1. _____ <div style="text-align: center;">Signature of Patient or Legal Representative <i>(Parent if patient is under 18)</i></div>	_____ <div style="text-align: center;">Date</div>
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2. _____ Describe if Legal Representative's Authorization Expires	_____ Date of Expiration
----------------------------------------------------------------------	-----------------------------

3. Patient Name (please print): _____ Birth Date: _____ SS# _____

I hereby authorize the use or disclosure of the Protected Health Information described below to be provided to or obtained by the following:

Name of Individual /Facility/ Company to RECEIVE PHI

Performance Chiropractic

1307 Jamestown Road

Williamsburg, VA 23185

Name of Individual/Facility to DISCLOSE PHI

Name: _____

Date: _____

Fax: _____

4. Information authorized for use or disclosure, or to be obtained:

- All medical information concerning this patient
- Medical information of this patient compiled between _____ to _____
- Only: _____

Dates of Treatment, if known _____

5. The information will be obtained, used, or disclosed for the following purpose(s) only:

- All necessary purposes Insurance Continued treatment Legal
 At the request of the patient or patient's representative other (specify) _____

I understand:

- ◆ I may revoke this authorization at any time, in writing, except revocation will not apply to information already used or disclosed in response to this authorization. I may revoke this document by presenting my written revocation as provided in the Notice of Privacy Practices. Unless revoked or otherwise indicated, the automatic expiration date will be one year from the date of signature or upon occurrence of the following event: _____
- ◆ I release the entities listed above, their agents and employees from any liability in connection with the use or disclosure of the protected health information covered by this authorization. The entity authorized to disclose the information will not be compensated by the recipient for the disclosure, except for the cost of copying and mailing as authorized by law.
- ◆ Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by federal law. However, the recipient may be prohibited from disclosing substance abuse information under the Federal Substance Abuse Confidentiality Requirements.
- ◆ I have the right to inspect the health information to be released and I may refuse to sign this authorization.
- ◆ Unless the purpose of this authorization is to determine payment of a claim for benefits, the requesting entity will not condition the provision of treatment or payment for my care on my signing this authorization.
- ◆ Performance Chiropractic, LLC and/or its agents have the express right to share my PHI with relevant third parties, including but not limited to my other current, prior, or future health care providers.

I understand that my medical information may indicate that I have a communicable or venereal disease which may include, but is not limited to, diseases such as hepatitis, syphilis, gonorrhea or the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS). I further understand that my medical information may indicate that I have or have been treated for psychological or psychiatric conditions or substance abuse.

NOTICE OF RIGHTS: Information in your medical record that you have or may have a communicable or venereal disease is made confidential by law and cannot be disclosed without your permission except in limited circumstances including disclosure to persons who have had risk exposures, disclosure pursuant to an order of the court or the Department of Health, disclosure among health care providers or disclosure for statistical or epidemiological purposes. When such information is disclosed, it cannot contain information from which you could be identified unless disclosure of that identifying information is authorized by you, by an order of the court or the Department of Health or by law.

Financial Policy for Insurance Coverage and Third Party Payment

Office Policy: If you have insurance that covers or may cover our services, you must produce this information (i.e., insurance card) if you wish us to file for you. Your insurance policy is a contract between you and your insurance company. As a courtesy, we will verify your coverage, policy benefits and limits with your carrier. Verification of benefits by our office does not guarantee that the insurance company will pay your claim. We advise you to know what your policy covers, and to call your insurance carrier(s) with any questions or concerns. Insurance payment is based on terms and conditions of your individual plan. After insurance benefits have been paid, we will provide you with a statement detailing your remaining balance due, if any.

Insurance: Performance Chiropractic, LLC has entered into contractual arrangement(s) with a variety of carriers. If you are covered under one of these plans, and you provide your insurance information to us, the practice will file with the assignment of all payments to Performance Chiropractic. If you have Medicare, visit <http://performancechiropractic.com/new-patient-forms/> and download the Medicare Quick Guide ("What Will Medicare Pay?"); or request a paper copy at any time. Rarely, your plan may require a referral or pre-authorization in order for you to receive benefits. It is your responsibility to obtain referral or pre-authorization prior to receiving chiropractic services when required by your insurance carrier; and to inform us of changes in coverage.

Patient Payment: Insurance companies issue a disclaimer that benefits quoted to providers do not guarantee payment. You are financially responsible for all fees associated with any non-covered services, deductibles, and co-payments in accordance with the benefits and limitations of your particular policy. Please note that Performance Chiropractic cannot know or track when you approach or exceed reach maximum benefits with your insurance company. If you have any financial concerns, please ask us, and call your insurance carrier. Our EZ Pay Program is a helpful alternative if you are in need of flexible payment options, with zero percent interest. The program enables you to receive care in an affordable way. Just Ask!

Claims Filing: We submit claims to insurance carriers on a weekly basis. It usually takes between 2-4 weeks for us to receive EOBs (Explanation Of Benefits) back from your insurance carrier (you may receive your EOB 1-2 weeks before we receive our copy). We then apply insurance payments to corresponding accounts and bill you for any remaining balance. Please note – if all claims are submitted correctly (clean claims) and are improperly denied, we will appeal once. Once we receive denial on the appeal, the balance due becomes your responsibility.

Non-Payment: This office and/or our billing service will do its utmost to provide correct and sufficient information to your insurance carrier to obtain payment for all treatments. We have found that in some circumstances, however, insurance companies arbitrarily or improperly deny or reduce payment despite our best efforts to demonstrate the necessity for care. If your insurance claim is denied, if benefits are reduced, or if there is any failure of insurance to pay for any reason, you are responsible for all remaining charges.

Accounts with balances must be paid in full upon receipt of a statement, or payment arrangements can be made through our 0% interest EZ Pay Program (ask for details.) Our practice will send periodic (typically monthly) statements. If payment is not made in accord with our policies, we reserve the right to turn your account over to a third party for collections. You will be responsible for any and all costs generated in the collection of payment, for all charges incurred at Performance Chiropractic. This includes, but is not limited to: special postage, collection agency fees up to a maximum of 33 1/3% of the principal, attorney fees, and court costs.

We reserve the right to charge a \$65 missed appointment fee.

*Signing below indicates that you have read, understood, and accepted all terms;
and received a copy for your records.*

Performance Chiropractic, LLC
1307 Jamestown Road, Suite 103, Williamsburg, VA, 23185

Financial Policy
Updated 12.08.2015

Patient Signature _____ Print Name _____ Today's Date _____
If patient is under 18 years old, parent or guardian must sign : _____

Additional information:

Preferred method of communication for reminders (check one or both): e-mail text message

If you prefer text messages, what is your cell phone carrier?

Bank or Financial Institution (name and address):

Our purpose is to connect you to your true potential. What are your health goals? Please don't just list "not have pain" -- what would you like to be able to do and accomplish, that your body currently doesn't allow you to do?

Subscriber Enrollment



As an extension of the care you receive in our practice, may we add you as a subscriber to our website that will help you...

**Get Well
and
Stay Well.**



First name : _____ Last name : _____

Gender : Male Female

Date of birth : _____ / _____ / _____ Email address : _____

Naturally you can unsubscribe at any time.