

POSITIVELY CHIROPRACTIC OFFICE POLICIES

(#8 through #14 is applicable to Chiropractic patients only)

1. PAYMENT/COPAYMENT IS DUE IN FULL WHEN SERVICES ARE RENDERED. PRE-PAYMENT MAY BE ACCEPTED ON A CASE-BY-CASE BASIS. The fees charged at this clinic may differ from fees charged at other clinics. A general schedule of services and fees are available by inquiring at the front desk or visiting our website at www.posichiro.com.
2. **Please call us if you need to cancel or reschedule an appointment. If a patient misses or cancels an appointment without 24 HOURS NOTICE, he/she will be responsible for a cancellation fee based on the time allotted for the appointment.** _____ (Initial here)
[Massage patients: If a patient misses or cancels a massage appointment without 24 HOURS NOTICE, he/she will be responsible for the full cost of the massage.] _____ (Initial here)
3. If the patient discontinues care for any reason, any balance is due and payable immediately, regardless of claims submitted. Any medical records including x-rays will not be released until the bill is paid in full.
4. In the event that a patient's account is delinquent, an overdue notice will be sent his/her address on file. If payment is not received within 30 days of the notice date, a 1.5% per month service charge will be incurred until paid in full. If, after 3 notices, payment is not received, the matter will be turned over to a collection agency, and the patient will be responsible for all costs of collection including but not limited to reasonable attorney fees, if necessary.
5. Products purchased from this office (excluding orthotics) are NON-REFUNDABLE. Orthotics may be fully or partially refunded on a case-by-case basis.
6. There will be a \$30 fee for returned checks in addition to the amount of said check.
7. As courtesy to the chiropractors and/or massage therapists, please do not come to massage appointments immediately after workouts or the gym without showering.
8. Depending on the patient's insurance plan and coverage, this office will bill claims for him/her. This is a courtesy extended by this office and may be withdrawn at any time.
9. If the patient has more than one insurance carrier, this office will only bill the primary carrier. Secondary insurance billing is the patient's responsibility. We do not bill to Medicare or secondary plans to Medicare.
10. All insurance and contact information must be given to our office at the time of the patient's first visit. If any of this information changes, it is the patient's responsibility to notify the front desk immediately.
11. If the patient's insurance has a deductible, it will be assessed based on the charges incurred at this office. This office does not guarantee any insurance company will or should make partial or full payment of fee charged. All claims are subject to review for coverage and medical necessity. PATIENT agrees to waive any statute of limitation which may at any time interfere with PROVIDER'S right to collect for services rendered by PROVIDER to PATIENT.
12. This office does not guarantee any insurance company will or should make partial or full payment of fees charged. All claims are subject to review for coverage and medical necessity.
13. It is not this office's obligation to enter into a dispute with an insurance company concerning payment.
14. If 6 months or more lapse between a patient's chiropractic treatments, the next appointment scheduled will automatically be a chiropractic re-check, which incurs an additional fee.
15. **Patient acknowledges that all practitioners other than Dr. Kathy Coutinho are separate and independent contractors of Positively Chiropractic.**

Patient Signature _____ **Date** _____