



PATIENT-DOCTOR AGREEMENTS

The purpose of this agreement is to allow myself and my staff to more completely serve you and for you to get the best results in the shortest amount of time. It is our experience that those patients who follow through with these agreements get the best results.

Signing In

When you arrive please sign in. You will be called to an assigned treatment area by me or my staff. Take this time to rest and relax. Treatments are best received when the body is in a relaxed state.

Appointments

Please be prompt as you have set this time aside with Dr. Huey to detect and correct vertebral subluxations. If you arrive without an appointment or arrive late for your scheduled appointment, then you may have a longer wait for treatment, as the doctor will be seeing other patients originally scheduled for their appointment times. We value your time and do not want you to wait needlessly. If you wish to sit down with Dr. Huey to discuss your case a specific doctor/patient conference can be arranged at no additional charge. Please understand that there are wait times that are beyond our control due to emergencies. We will try and minimize your waiting time.

Missed or Changed Appointments If you find that you cannot keep a scheduled appointment, we require a 24-hour cancellation notice so that we can fill the time with another patient. If your scheduled appointment with Dr. Huey is missed or cancelled without 24-hours notice, the first missed appointment will be no charge, the second will be \$25.00 and the third will be a \$40.00 fee. The same fee will be charged for any subsequent appointments that are missed without 24-hours notice. Your insurance company will not pay this fee, so you will be responsible for payment.

PLEASE INITIAL _____

Returned Checks

There is a \$25.00 returned check fee for any drafts returned to us unpaid. PLEASE INITIAL _____

Payment of Bills for Insurance Patients

We expect you to honor the financial agreement you make with Dr. Huey. In order to serve you better, please plan to make any payments and/or co-pay on the day of your appointment. Upon being released from care, 30 days are allowed for any outstanding account balance. If a pending settlement has not been reached within this time period or if you have suspended or terminated your care without doctor's approval, your account balance will be due immediately. You are responsible for payment of your account within the limits of our credit policy. Finance charges are computed at the rate of 10-18% per year for unpaid balances greater than 30 days old.

In order to bill your insurance carrier, as a courtesy to you, you must supply us with your insurance card. Upon verification of benefits we will send out a claim form on your behalf. We will allow 30 business days to be reimbursed by your insurance. Should your insurance company refuse any or all charges, or just not pay, those charges will then become the responsibility of you, to be paid within 30 days. Remember, your contracted benefits are between you and your insurance carrier. The above mentioned also applies to auto

accident cases, whether going through an attorney or not, and is subject to the same percentages. If the unpaid balance is sent to collections then a charge of up to \$50.00 will also be applied.

PLEASE INITIAL _____

Payment of Bills for Cash-Pay Patients

Charges for treatment are due at the time service is provided. Your balance must be paid in full one month after treatment. Any unpaid balance will be considered past due on the date of the one-month mark from the last day of treatment. An interest rate of 10-18% per year may be applied to all past due balances. If this arrangement becomes inconvenient for you, please see our office manager so that other arrangements can be made. We require that 100% of the first visit be paid on that day. For your convenience, future payments may be set-up on a case-to-case basis. We accept most major credit cards, debit cards, and checks and of course cash. PLEASE INITIAL _____

Voluntary Termination of Care

It is also the policy of this office that if you should choose to suspend or terminate your care and treatment, any outstanding fees for professional services rendered to you will be immediately due and payable.

Progress Evaluations and Re-Examinations

During your treatment series re-examinations and progress reports will be done on a regular basis.

Communication

Please communicate directly to me any upsetting matter such as waiting too long, rudeness by any of my staff, failure to understand treatment, need for extended consultation, etc. We are here to serve you. Your input will help us to help you as well as others.

Auto Accident/Personal Injury

You are usually covered by your insurance carrier 100% for these injuries. ANY TREATMENT RECEIVED IS YOUR RESPONSIBILITY TO PAY. Should, for any reason, the alleged insurance carrier not pay, you are responsible for obtaining insurance information to which I/Staff will send statements for your care. You are also responsible for reporting your accident to your insurance carrier and agent.

Worker's Compensation

If your care is related to Worker's Compensation, you must obtain written consent from your employer allowing you to receive care at our office. Also, you must request that your employer notify their insurance company that you are under care at our office and have them send the appropriate forms to our office immediately. If you choose to have treatment prior to written consent you will be responsible for any and all charges.

Medicare

At this time we are unable to bill Medicare due to administrative differences.

Medicaid

I DO NOT ACCEPT MEDICAID. Contact Medicaid for participating Chiropractors.

I, _____ understand the above policies and agree to abide by them.
(Print Name)

(Signature)

(Date)

Huey Chiropractic does not have alternate language services. Please initial acknowledging that you understand this statement and are now not required to receive these services. INITIAL_____