

WELCOME TO OUR OFFICE

We are committed to providing you the best care and are pleased to discuss our professional fees with you at anytime. Your clear understanding of our financial policy is important to our professional relationship. Please ask any questions you may have regarding our fees in complying with our financial policy and/or procedures. The best health services are based on a friendly, mutual understanding between you and your doctor.

**CASH PATIENTS:** Payment is due when services are rendered. We gladly accept Mastercard, Visa, check or cash.

**INSURANCE PATIENTS:** Professional services are rendered and charged to your insurance on your behalf. Our policy requires payment in full for all services rendered at the time of visit, unless other arrangements have been made. Any services not covered by your insurance are ultimately your responsibility and may have to be paid by you at the time of service. If you fail to keep your scheduled appointments or if you discontinue care for any reason other than discharge by the doctor, the bill is due and payable by you in full. Immediately, regardless of any insurance claim submitted. In certain cases our office accepts billing for individual or group insurance policies, personal injury claims, authorized worker's compensation and Medicare.

**DISCLOSURE OF INFORMATION:** If your insurance company should send a check to you that cover services rendered in this office, you agree to deliver that check, and any associated paperwork, to this office within (1) one week of receipt. You hereby authorize assignment of your insurance rights and benefits directly to your provider for service rendered. You authorize the staff to perform any necessary services during diagnosis and treatment.

**If this was the result of a motor vehicle accident:** Your health insurance may not cover specific treatments that may be beneficial in your case. We reserve the right to collect our usual and customary fees for services rendered during your treatment in our office. We also reserve the right to bill any and all insurance carriers that may be responsible for provided coverage.

**Authorization to Process Drafts:** I agree that Aspen Ridge Chiropractic P.C. shall be appointed as my agent to endorse drafts on any checks for payment of my bill for medical services rendered.

**Limited Release of Medical Information:** I authorize Aspen Ridge Chiropractic P.C to make inquires and to release any pertinent information to any insurance company, government agency, adjuster or attorney to facilitate collection under these assignments.

**Assignment of Cause of Action:** In the event that any insurance company or third party obligated to make payment to me or to Aspen Ridge Chiropractic P.C for the charges made for the services, refuses to make such payment upon demand, I hereby assign, transfer, and convey to Aspen Ridge Chiropractic P.C any and all cause of action that might exist in my favor against any such company or person. I authorize Aspen Ridge Chiropractic P.C to prosecute said action in my name or their name to collect fees due for care rendered and legal expenses, and to resolve said claims as they see fit.

Patient Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**It is the Patient's responsibility to inform our office of any changes in your medical or insurance status**

## Informed Consent

Dear Patient,

Chiropractic has been found to be very effective in reducing nerve interference and maximizing health potential by adjusting the spine. However, there are certain risks to adjusting procedures in the spine that you need to be aware of. Although very few cases have been reported in the vast number of patients that have been helped with spinal adjustments, it should be noted that certain adjustive procedures primarily in the neck can have an effect on patients susceptible to stroke, aneurysm, spinal cord tumor and rib fracture ( in the thoracic spine).

The cervical spinal adjustment that may precipitate the previously mentioned syndromes are primarily forced extension rotation maneuvers. Chiropractic colleges are aware of and do not teach this maneuver for the cervical spine. **The doctors at Aspen Ridge Chiropractic P.C. are aware of these complications and do not use the extension rotation adjustment in the cervical spine.** We all take precautions using exam procedures to rule out the contradictions, as well as others, for adjusting the spine. Although, chiropractic care has been proven to be one of the safest procedures and is non-invasive, you should be aware of these potential, although remote, risks. If there is risk potential, or specific concerns regarding adjustive procedure, in your specific case based on your examination, the doctor will mention it to you.

We assure you we will do our very best to help you in the shortest amount of time and the most cost effective manner, but most importantly with the utmost safety.

I, \_\_\_\_\_, have read and understand the above and I give my consent to undergo spinal adjustments at Aspen Ridge Chiropractic P.C..

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

## Consent for Purposes of Treatment, Payment and Health Care Operations

I consent to the use or disclosure of my protected health information by Aspen Ridge Chiropractic P.C. for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills, or to conduct health care operations.

I understand that my diagnosis or treatment by Aspen Ridge Chiropractic P.C. may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or health care operations of the practice. Aspen Ridge Chiropractic P.C. is not required to agree to the restrictions that I may request. However, if Aspen Ridge Chiropractic P.C. agrees to a restriction that I request, the restriction is binding. I have the right to revoke this consent, in writing, at any time, except to the extent that Aspen Ridge Chiropractic P.C. has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a healthcare clearing house. This protected health information relates to my past, present, or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review Aspen Ridge Chiropractic P.C. Notice of Privacy Practices prior to signing this document. Aspen Ridge Chiropractic P.C.'s Notice of privacy Practices have been provided to me.

The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Aspen Ridge Chiropractic P.C. This notice of Privacy Practices also describes my rights and the duties of Aspen Ridge Chiropractic P.C. with respect to my protected health information.

Aspen Ridge Chiropractic P.C. reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office and requesting a revised copy to be sent in the mail or asking for one at the time of my next appointment

### ***Notice of Privacy Practices - Acknowledgment***

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting Aspen Ridge Chiropractic P.C..

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and you can access your information. ***By my signature below I acknowledge receipt of the Notice of Privacy Practices.***

\_\_\_\_\_  
Signature of patient or authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name if signed on behalf of patient / Relationship

**This form will be retained in your health record**

## Notice of Privacy Practices

This summary discloses how health information about you may be used. A full notice of Privacy rights has also been provided to you.

Aspen Ridge Chiropractic P.C. uses health information about you for treatment, to obtain payment for treatment with your authorization, for administrative purposes, and to evaluate the quality of care that you receive.

Aspen Ridge Chiropractic P.C. will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

Aspen Ridge Chiropractic P.C. may use your information to provide appointment reminders, information about treatment alternatives or other health-related issues.

Aspen Ridge Chiropractic P.C. may disclose your information for public health activities, to funeral directors to enable them to carry out their activities, for organ and tissue donations, research, health and safety, government function in order to comply with workers compensation laws and regulations

Aspen Ridge Chiropractic P.C. has the right to adjust your spine in an open adjusting room where other patients are also present. You acknowledge that the doctor will be talking to you about your case openly in each visit as he adjusts you and other people may hear information about your particular case. Should you request privacy regarding anything to do with your case, you will request it with the staff or doctor and will be placed in a private adjusting room or consultation room.

You have a right to request restriction, report and retain a copy of your health record, request communication of your information by alternative means at alternative locations, revoke your authorization and request an accounting of your health records. You may complain to the Privacy Officer and to the Department of Health and Human Services if you believe your rights have been violated. You will not be retaliated against for filing a complaint.

Aspen Ridge Chiropractic P.C. must maintain the privacy of protected health information, provide you with notice of its legal duties and privacy practices with respect to your health information, abide by the terms of the notice, notify you if it was unable to agree to the requested restriction on how your information is used or disclosed, accommodate reasonable requests you may make to communicate with health information by alternative means or by alternative location and obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

If you have any questions or complaints please contact our office at 208-552-8866.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date