

Notice of Informed Consent



Every type of health care is associated with some risk of potential problem. This includes chiropractic care. We want you to be informed about chiropractic care and the potential problems associated with it before consenting to treatment.

INITIAL: _____ Subluxation is a medical term that describes what occurs when one or more of the spinal (vertebral) joints have moved out of their normal alignment. This can occur through recent or remote trauma as well as unusual positions we may find ourselves in throughout the day or night. A subluxation has also been described as an incomplete dislocation of a joint, and, as such, is not treated with drugs or surgery. Chiropractors treat vertebral subluxation with spinal manipulation (adjustments performed by hand or with the use of a specific tool) in order to gently reposition the misaligned segments. Frequently, adjustments create a popping or a clicking sensation in the area being treated.

INITIAL: _____ Stroke: Recent reports have shown an elevated incidence of stroke is seen equally in chiropractic and medical physician offices (Cassidy, 2008); supporting the theory that patients are presenting with a stroke, and not that chiropractors or medical physicians are causing a stroke.

INITIAL: _____ Disc Herniation: Disc herniations that create pressure on the spinal nerves or the spinal cord in the neck or low back are treated successfully by chiropractors with adjustment and spinal decompression. Occasionally, these treatments can irritate this problem. Patients are thoroughly examined to determine the best course of treatment. Disc herniation complications occur so rarely there are no available statistics to quantify their probability.

INITIAL: _____ Soft Tissue Injury: Soft tissue refers to primarily to the muscles, tendons, and ligaments. Muscles move bones, and ligaments limit joint movement. Rarely, a chiropractic adjustment, traction, massage, and other treatments may strain some muscle or ligament fibers. These possible injuries also occur so rarely there are not available statistics to quantify their probability.

INITIAL: _____ Rib Fractures: Your ribs are attached to the thoracic spine in the middle back. They extend from your back to the front of your chest. Rarely, a chiropractic adjustment may break a rib. This could possibly occur only to those patients with weakened bones. It is your responsibility as the patient to inform your doctor of any history of osteoporosis, prolonged steroid use, or other bone-weakening diseases. Rib fractures also occur so rarely there are not available statistics to quantify their probability.

INITIAL: _____ Soreness: It is not uncommon for spinal adjustments, Active Release Therapy, exercise and other therapies to result in a temporary increase in soreness to the area being treated. This is nearly always a temporary symptom that occurs while your body is undergoing therapeutic change. It is not dangerous, but please inform the doctor if you experience soreness.

At Atchley Chiropractic Centers we employ highly-trained staff to assist the doctors with portions of your consultation, examination, exercise instruction, and any other treatments. Occasionally, when your doctor is not available, another doctor will be available to treat you.

Any questions on the above information should be directed to your doctor. When you have a full understanding of this material, please sign and date below.

Authorize to Treat: I, the undersigned, hereby authorize all CHC doctors and whomever they designate to administer chiropractic, therapeutic or medical procedures they consider necessary on the basis of findings during the set course of treatment.

Patient Name: _____ **Date:** _____

Patient Signature: _____ **Witness:** _____

Consent for Treatment of a Minor: I, the undersigned, hereby authorize all CHC doctors and whomever they designate to administer chiropractic, therapeutic treatment or medical procedures they consider necessary on the basis of findings during the set course of treatment to:

Minor Child's Name: _____ **Date:** _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Financial Policy



Welcome to our office! We are pleased you have chosen Chiropractic for your health care needs. Your health is your greatest asset, and, therefore one of the best things you can invest in financially.

YOUR FIRST VISIT

All services rendered during the first visit must be paid for at that time. Patients without insurance coverage may pay by cash, check, electronic debit or credit card. Patients with insurance must pay for their deductible and/or co-payment or co-insurance by cash, check, electronic debit or credit card provided their coverage has been verified. **Patients with insurance that has not been verified are on a cash basis until coverage is confirmed.**

Patient Initial: _____

We gladly accept insurance assignment if the insurance company: 1. Verifies the deductible (if there is one) has been met, 2. Provides details of the available coverage, and 3. Agrees to make payment directly to our office. It must be understood; insurance is an agreement between the patient and the insurance company. The agreement is not between the insurance company and this office. In every case, the patient or their guardian is ultimately responsible for all fees. Our office will file the necessary primary claims forms at no charge. Some insurance companies require special forms and will not accept universal claim forms. Assistance with additional forms and policies may be subject to a small clerical fee. In these cases, the patient is responsible for supplying the required forms with the patient's portion completed and signed. **Atchley Chiropractic Centers may request a copy of a credit or debit card to keep on file but NOT charge until communicating by e-mail and/or phone call the balance due.**

Patient Initial: _____

PRIVATE HEALTH INSURANCE POLICIES

Patients with private health insurance policies of which the doctor is a contracted provider for are responsible for deductibles, co-payments, co-insurance and non-covered services. All services rendered during office visits must be paid for at that time. Many private health insurance policies have visit limitations, maximum daily payout limitations, and/or calendar or contract year dollar amount limitations. If, at any time during the course of treatment, all insurance benefits have been exhausted, the patient will be treated on a cash basis.

Patient Initial: _____

PERSONAL INJURY/AUTOMOBILE ACCIDENT

We will accept Med-Pay (medical coverage on your auto insurance policy), PIP (Personal Injury Protection) and third-party cases. It is the policy of the office to file Med-Pay / PIP before any third-party insurers. It is the patient's responsibility to provide our office within the first week of care, the insurance company information, claim number, phone number and billing address. Med-Pay will cover medical expenses regardless of who was at fault. Our office will bill your auto insurance company for prompt and direct payment for your care up to your policy limits. If an attorney is handling your case, we will accept a Letter of Protection (LOP) at our discretion. The patient is ultimately responsible for all services rendered in our office and will be required to provide a credit-card guarantee or authorization for electronic debit. If the patient suspends or terminates care, all fees for services are due immediately.

Patient Initial: _____

“ON THE JOB INJURY”/WORKERS COMPENSATION

Workers Compensation patients may be accepted by our office once proper authorization has been granted by the patient’s worker’s compensation adjuster. It is the patient’s responsibility to supply our office, prior to any care being given, with the claim number and billing address and adjuster’s name and phone number. The patient is ultimately responsible for all services rendered in our office and will be required to provide a credit-card guarantee or authorization for electronic debit. If the patient suspends or terminates care, all fees for services are due immediately.

Patients Initial: _____

CASH PAYMENT

Patients without insurance coverage must pay for care by cash, check, electronic debit or credit card. Payment is due at the time services are rendered.

Patients Initial: _____

AFTER HOURS/EMERGENCIES

Emergency care after hours or on weekends and holidays is available. Please be aware that after hours calls are subject to additional charges, which are not covered by insurance carriers. These charges are in addition to the services rendered and the patient is solely responsible for their payment.

Patients Initial: _____

MISSED APPOINTMENTS

Our office reserves the right to charge \$15.00 per appointment fee to any patient who misses appointments without giving 24 hour notice. The doctors in our office are often scheduled out several weeks in advance and missed appointments without prior notification are a loss for everyone. It is the patient’s sole responsibility for any charges resulting from missed appointments. Such charges are not covered by insurance carriers. (Unexpected emergencies will be given consideration before charges are incurred.)

Patients Initial: _____

PAST DUE ACCOUNTS/COLLECTIONS

If necessary, statements will be issued to patient with outstanding account balances. Payment of balances owed may be made in person, by phone or by mail. It is our expectation that outstanding balances will be taken care of in a timely manner. Delinquent accounts are reported to credit reporting agencies and/or an attorney for collections. If your account is sent to collections, you will be responsible for any fees associated with that process.

Patients Initial: _____

REFUNDS

In the event of an overpayment, a credit will be applied to your account for your future health maintenance needs. The credits will be applied when our office receives final payment from the insurance carrier and active care has been completed.

Patients Initial: _____

ASSIGNMENT OF BENEFITS

Assignment of benefits simply means that the patient gives their permission to the insurance carrier to make payments directly to our office. Cash patients are not subject to assignment of benefit agreements. The patient who does not wish to assign benefits to our office will be treated as a cash patient.

Patient Initial: _____

RELEASE OF INFORMATION

All patients who assign benefits to our office must sign a release of information form. This form gives our office permission to release information about the patient's health that may be required by the insurance carrier in order to provide benefits. Patients who do not wish to have their health information released and do not sign an information release, cannot assign benefits. This means the patient will not be able to use their insurance and payment will be on a cash basis. Cash patients do not have to sign an information release. Please note that the information release for our office is written to cover a variety of insurance cases. If there is anyone a patient does not want information to be released to, our office should be informed immediately!

Patient Initial: _____

I have read, understand and agree to abide by the terms of this office's Financial Policy. Any portion of the agreement that is found to be void or invalid will have no effect on the other portions of this agreement.

Patient's name: _____

Patient's Signature: _____

Date: _____

Witness: _____

Witness's Signature: _____

Atchley Chiropractic Centers
2540 King Arthur Blvd., #130
Lewisville, TX 75056
PH: 972-899-9737

Patient Acknowledgement and Receipt of Notice of Privacy Pursuant to HIPAA and Consent for Use of Health Information

Name _____ Date _____
Print Patient's Name

The undersigned does hereby acknowledge that he or she has received a copy of Atchley Chiropractic Centers's Notice of Privacy Practices Pursuant to HIPAA and has been advised that a full copy of this office's HIPAA Compliance Manual is available upon request.

The undersigned does hereby consent to the use of his or her health information in a manner consistent with the Notice of Privacy Practices Pursuant to HIPAA, the HIPAA Compliance Manual, State law and Federal Law.

Dated this _____ day of _____, 20_____

By _____
Patient's Signature

If a patient is a minor or under guardianship order as defined by State Law:

By _____
Signature of Parent/Guardian (circle one)

ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT TO DOCTOR AND RELEASE OF INFORMATION

Patient: _____

Insured SS# or ID#: _____

Claim/Group#: _____

I hereby instruct and direct the payment of all professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy to:

Atchley Chiropractic Centers

As payment for professional services rendered. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THE POLICY. The payment will not exceed my indebtedness to the abovementioned assignee, and I have agreed to pay, in a current manner, any balance of said professional service charges over and above this insurance payment.

If my current policy prohibits direct payment to the doctor, then I hereby also instruct and direct you to make out the check to me and mail it as follows:

**Atchley Chiropractic Centers
2540 King Arthur Blvd, #130
Lewisville, TX 75056**

A photocopy of this Assignment shall be considered as effective and valid as the original.

I also authorize the release of any information pertinent to my case to any insurance company, adjuster or attorney involved in this case.

Dated at _____ this _____ day of _____, 20____
(Time)

Insured

Witness