

NIELSON FAMILY CHIROPRACTIC, INC.

Chad J. Nielson, D.C.

1330 Filer Ave. East, Twin Falls, Idaho 83301

Phone 208-733-2322 Fax 208-733-2224

Patient Financial & Office Policy

It is our policy to receive payment at the time of service. If this is a hardship on you, please call and make payment arrangements with our office **PRIOR** to your scheduled appointment.

- For your convenience we accept cash, checks, debit cards, and credit cards (Visa and Master Card).
- If you would like a credit card on file for payments we will keep all personal and financial information on record private.

2014 General Fee Schedule

New Patient Exam \$105.00 (*\$90.00)
Manual Manipulation \$40.00 (*\$35.00)
Medicare Manual Manipulation \$39.00 (2014 Ded.\$147)
Muscle Balancing \$20.00

Mechanical Traction \$16.00
Laser Therapy \$20.00
Detox Foot Bath \$30.00
Muscle Stimulation \$16.00

- This office offers a time of service discount as *listed above for cash/self-pay (no insurance billing) patients.
- We file insurance claims as a courtesy for our patients; however, your insurance policy is a contract between you and your insurance company. Nielson Family Chiropractic, Inc. is not a party to that contract and we do not guarantee coverage. All deductible, co-pays, and non-covered amounts will be due at the time of service. Please be aware that some if not all of the services provided may be non-covered services or not considered medically necessary under the Medicare program and/or other medical insurance.
- If your insurance has not paid on an assigned bill within 30 days, you will be notified. Since we do not own your policy, we ask that you stay in communication with our office and take action with your insurance company at that time. **If an account is 60 days in dispute with the insurance company it will be your responsibility to pay the balance in full immediately.** If the dispute is corrected and your account is credited by the insurance company we will refund you the amount.
- Any balance left unpaid after a period of 60 days will be charged a \$5.00 processing fee and an interest charge of 1.5% per month.
- This office does have a financial hardship policy. If you feel you might qualify for hardship please notify the office.
- Any checks returned for non sufficient funds will be charged a \$20.00 fee.
- Appointments not cancelled 24 hours in advance will be charged a \$40.00 missed appointment fee.

Assignment of insurance Benefits: "I hereby authorize my insurance company to pay directly to Nielson Family Chiropractic, Inc., benefits due me, if any, by reason of services described in the statement rendered."

Release of Information: "I authorize Nielson Family Chiropractic, Inc. to release my medical records to my insurance company and its agents; any information needed to determine these benefits or the benefits payable for related services."

Privacy Policy: "I certify that I have received and understand the Privacy Policy for Nielson Family Chiropractic, Inc."

"By signing below I acknowledge that I have read, understand, and agree with the preceding described financial/office policies. I also acknowledge that I as the patient or legal guardian of the patient, I am ultimately and personally responsible for any and all costs associated with the course of my treatment and care at Nielson Family Chiropractic, Inc. Failure to pay all costs associated with my care as agreed will result in collection activity on my account as well as reporting of my payment history to all credit reporting bureaus."

SIGNATURE OF AUTHORIZED REPRESENTATIVE

RELATIONSHIP TO PATIENT/DATE

SIGNATURE OF PATIENT

DATE

WITNESS

DATE

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Consent Agreement

Purpose:

The purpose of this agreement is to set forth the obligation of the person(s) signing below. It is also to give consent to this office to provide chiropractic and assistance care. When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both parties to be working towards the same objective. Chiropractic has one major goal which is to restore normal biomechanical and nerve function of the human body. It is important the patient understand both the objective and the method that will be used to attain this goal. This will prevent any confusion or disappointment. The following are a few terms and definitions that you will hear frequently at our office.

Adjustment: An adjustment is the specific application of forces to facilitate the body’s correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

Health: A state of optimal physical, mental, and social well being. Not merely the absence of disease or infirmity.

Vertebral Subluxation: A misalignment of one or more of the 24 vertebra in the spinal column or extremities which causes alteration of nerve function and interference of the transmission of mental impulse. This can result in a lessening of the body’s innate ability to express its maximum health potential.

I (we) understand that Dr. Chad Nielson provides general chiropractic care, therapeutic care, and general health services. These services are but not limited to manual spinal adjustments, orthopedic and neurological exams, electrical muscle stimulation therapy, laser therapy, and general health care.

By signing this agreement, I (we) give consent for treatment. If the patient is a minor, or is signing on behalf of a minor or for any reason is unable to consent because of a physical disability or impairment please complete the following:

The patient is unable to consent because of the following: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE

RELATIONSHIP TO PATIENT

SIGNATURE OF PATIENT

DATE

WITNESS

DATE