

OFFICE POLICY FOR HEALTH CARE AT SAYLOR CHIROPRACTIC, LLC

HEALTH INSURANCE

If you are covered by health insurance, it is our policy to fill out a claim form for you at no charge. We will contact your insurance carrier to find out what your health insurance policy covers regarding chiropractic care. We require that each account be kept current and paid in full when chiropractic services are rendered. Therefore, if your insurance carrier pays only a percentage of the fees incurred, we require each patient to pay the balance of the account at the time professional services are rendered. Most health insurances have a deductible and a co-payment. If your health insurance carrier sends you a check for payment if your account with this clinic, you will be required to endorse that check and remit it to our office immediately. Please keep in mind that you are responsible for the payment of the entire bill, therefore, in the event your insurance carrier (1) does not pay for a claim submitted within 45 days, (2) denies coverage, or (3) provides less coverage than anticipated, you will be personally responsible for the payment of the account. It is our policy to accept DISCOVER, MASTERCARD, VISA, CASH, or a CHECK.

AUTOMOBILE ACCIDENT INSURANCE

If you have med pay on your auto policy, a claim will need to be established with your insurance company as soon as possible. Please contact your insurance company (and attorney if necessary) so that a claim can be quickly established. Please remember that you are still personally responsible for your account but that you will **not be required** to pay as services are rendered. Remember that you are responsible to timely pay your bill regardless of inaction or mis-action by your automobile insurance carrier.

- A "TORT" is a system where the driver who was at fault is responsible for paying for the victim's medical expenses, loss of wages and pain and suffering. If you have a "TORT" policy and are the victim you will probably need an attorney. You must sue the offending party to beg your health treatment paid by the opposing party (if you have **no** med pay). The insurance company of the driver who causes the accident will be responsible for paying the medical bills after you sue them.
- If you caused the accident either. Y running into another vehicle or property like a brick wall or a tree, then your medical payments coverage or "Med Pay" may cover you. We will bill your auto insurance for Med Pay and your group health insurance to try to get your bills paid. You are responsible to timely pay for the bills regardless of inaction or mis-action by your automobile insurance carrier or group health insurance carrier.
- If you are the victim and have no auto or health insurance to pay your health care bill, we will help you. You will be asked to sign and lien which is a contract allowing our office to be paid after your attorney settles your case against the driver who caused the accident. We will be happy to answer any questions and refer you to a competent personal injury attorney.

CONSENT TO TREATMENT

A Chiropractic Manipulation or Adjustment is a passive manual maneuver during which a three-joint complex is suddenly carried beyond the normal remade of mission without exceeding the boundaries of anatomical integrity. The usual characteristic is a thrust accompanied by an audible or cracking noise. (Sandboz, 1976,1981)

Material risks inherent in the chiropractic adjustment include fractures, spinal or disc injuries, dislocations, sprains, strains, increased symptoms of pain, no improvement, temporary soreness and stiffness, stroke, paralysis and even death. The risks of serious complications are in per 2 million manipulations (Klougart et al, 1996; Haldeman et al, 2001) and the risk of death is 3 in every 10 million manipulations. (Hurwitz et al, 1996).

- This information is being given to you to make an informed decision whether or not to undergo manipulation after knowing the risks and hazards involved. By your signature below you are

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authorizing the doctor to treat your condition with manipulation. It should also be understood that no warranty or guarantee has been made as a result of your care.

- To give a comparison to other known medical risks, (1) 1.5 million people are hospitalized annually by physician caused reactions to medications and 100,000 die, (2) 1,000 people die each week from complications of unnecessary surgeries and (3) 1,600 children die each year from allergic reaction to aspirin (Gloucester County Times, 1994). The risk of serious complication it death attributed to the use of non-steroidal anti-inflammatory drugs is 1.300 times greater than for cervical (neck) manipulation in the treatment of similar conditions (JMPT, 1995).
- Other treatment options instead of manipulation and physical therapy are prescription medications, massage therapy, strength and conditioning programs, acupuncture, medical/osteopathic referral, doing nothing and/or surgery. Risks inherent in using prescription medication and/or surgery also include death. The statistics above elaborate on surgery and drugs.
- Sometimes x-rays are needed to diagnose your condition and to administer treatment. If you are pregnant and have x-rays taken, it is possible to injure the fetus. By my initials below, I am granting permission to perform needed x-rays. I understand and I accept that there are risks associated with chiropractic care and consent to chiropractic treatment.
- **I understand and accept that there are risks associated with chiropractic care and I consent to chiropractic treatment.**
- **If you did not have x-rays taken today, please acknowledge that Dr. Saylor will only perform examination, muscle and light non-evasive work for today's treatment. Dr. Saylor will perform the adjustments once x-rays are taken to properly evaluate the spine and surrounding structures.**

INITIALS

____/____/_____
Date

GENERAL

If you are unable to pay your account in full at the time services are rendered, you should be aware that the following rules will apply to your account:

- 1: A finance of the .83% per month (10% A.P.R.) will be charged with a minimum payment of \$5.00 in all accounts which are more than thirty days old.
- 2: sometimes it may become necessary to utilize a payment schedule (only on approval of this clinic). If so, such a schedule must be strictly adhered to. In the event any payment is not made when due, the account will be turned over for collection.
- 3: Should this clinic be required to turn your account over for collection, you will be required to pay all collection costs, attorney fees and court costs.
- 4: (if you have a substantial hardship which would not allow you to pay the reasonable and customary charges (approximately \$200/visit), The doctor may waive or reduce your deductible and/or co-pay on a case-by-case basis.

FEES FOR SERVICES

All services provided by Dr. Ashley Saylor, require payment at time of service. **All services provided by Dr. Saylor are non-refundable.** By initialing this, you are agreeing that all services provided for all treatments by Dr. Saylor are non-refundable. Dr. Saylor is providing her time and expertise to provide you with the highest quality care.

INITIALS

____/____/_____
Date

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ASSIGNMENTS IF BENEFITS

I request that payment for chiropractic and medical benefits for services rendered to myself or my minor child be paid and sent directly to **Dr. Ashley Saylor, D.C. at Saylor Chiropractic, LLC.**

ERISA AUTHORIZATION

I hereby designate, authorize and convert to Dr. Saylor to the full extent permissible under law and under my applicable insurance policy and/or employee health care benefits as my Authorization Representative: (1) the right and ability to act on my behalf in connection with any claim, right, or cause in which I may have under such insurance policy and/or benefit plan; and (2) the right and ability to act on my behalf to pursue such claim, right or cause of action in connection with said insurance policy and/or benefit plan (including but not limited to, the right to act on my behalf in respect to a benefit plan governed by the provisions of ERISA as proceeded in 29 C.F.R. 2560.5031(b)(4)) with respect to any healthcare expense incurred as a result of the services I received from Dr. Saylor and, to the extent permissible under the law, to claim on my behalf, such benefits, claims, or reimbursement, and any other applicable remedy, including fines.

CONFIDENTIALITY

By signing this for you are hereby-authorizing Saylor Chiropractic, LLC or its employees to release any information, however confidential, to any adjuster, attorney, or insurance company to facilitate collection under this office policy. You also agree that Saylor Chiropractic, LLC or its employees are hereby given the POWER OF ATTORNEY to endorse/sign your name on any and all insurance checks/insurance claim forms for the payment of this clinic's fees. I hereby authorize Saylor Chiropractic, LLC to place charges for my account or the accounts of my family (which are over 90 days past due) on my credit card, unless the charges have been appealed in writing upon receipt of the outstanding account statement.

SIGNATORY

I, the undersigned, do, hereby attest that I have read the above contract/policy/explanation of chiropractic manipulation/adjustment and related treatment and freely accept the terms. I further agree to abide by the terms/policies of Saylor Chiropractic, LLC as stated above to do whatever is necessary to effectuate them. By signing below I have accepted the risks and consent to the treatment recommended. I further acknowledge that Saylor Chiropractic, LLC is a corporation organized under the laws of the State of Colorado.

Policyholder / Patient Signature

(Name of minor child)

Date