OFFICE POLICIES & PROCEDURES AGREEMENT

FINANCIAL ARRANGEMENTS AND POLICIES

I understand and agree that health and accident policies are an arrangement between an insurance company carrier and me. Furthermore, I understand that this office will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to this office will be credited to my account upon receipt. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I also understand that payment for my portion of the charges is due at the time services are rendered. If this office is billing my insurance for me, my portion would include any deductible, co-payment, or any products or services not covered by my insurance. If this office is not billing my insurance for me, I understand that the charges reflect a discount of approximately 30% of the usual fees, and that the entire amount of charges is due at the time services are rendered.

MISSED APPOINTMENT FEE

I understand that Remington Chiropractic charges a $40.00 fee for appointments missed and not cancelled at 24 hours prior to the scheduled appointment. I will be notified of the first missed appointment and not charged (one "grace" visit), then charged $40.00 for any and all missed appointments thereafter.

INSURANCE BILLING/PAYMENT

Patients are ultimately fully responsible for products purchased and services provided by our office. Our office is a participating provider with a number of insurance companies. For your convenience, our office will make an effort to verify your insurance benefits. However, ultimately it is the patient's responsibility to determine benefit and authorization information before services are rendered. Please note that verification of benefits is not a guarantee of payment. Your insurance company makes the final determination of insurance benefits when they consider the claim. Patients are fully responsible for payment of products and services not authorized or covered by their insurance company. Your signature below will give power of attorney to endorse checks made to Remington Chiropractic to be credited to your account.

INFORMED CONSENT TO CHIROPRACTIC CARE

I request and consent to the performance of chiropractic examination, adjustment/manipulation and any and all other chiropractic procedures permitted by our State law, including medical records review, various modes of physiotherapy and necessary diagnostic x-rays on myself (or on the patient named below, for whom I am legally responsible) by any of the treating doctors of chiropractic on staff and/or any licensed chiropractor deemed appropriate by the office. I understand that results of treatment are not guaranteed.

I have been informed and I understand that in the practice of medicine, in this case chiropractic, there are risks associated with treatment, although rare, including, but not limited to, fracture, disc injuries, strokes, dislocations, strains, and worsening of symptoms. I do not expect the doctor to be able to anticipate and explain all risks and complications of my case, and I wish to rely on the doctor to exercise judgment during the course of the procedure, which the doctor feels at the time, based on the facts then known, and is in my best interest. This consent form covers the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

RECORDS RELEASE AUTHORIZATION

I hereby grant permission for Remington Chiropractic to release any information pertaining to diagnosis and treatment of myself and care in this and other offices to my primary care physician, or to any other physician or therapist with who I am currently or previously under care.

In accordance with all stated above, I hereby understand and agree to the above stated office policies.

Print Patient's Name: _____

Signature: _____ Date: ____/____/____
(Patient, Parent or Legal Guardian)

Remington Chiropractic Pamela F. Wells, D.C.
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