



Welcome to Our Office

We are so glad that you are here today. If you have any questions concerning our policies, forms, or procedures, just ask. It is our pleasure to help you.

In our office, all health information is considered confidential and we are careful about how we use it. You have the opportunity to receive our Notice of Privacy Practices. This notice defines:

- What we may share your health information for
- How we may share your health information
- What your rights are under the HIPPA law

You will receive a document for you to acknowledge this information with your new patient forms.

Consultation & Exam

To begin today's visit, we will collect some confidential health information and then sit and speak with you. After we learn more about your condition, we will perform some preliminary screening tests.

If we believe that we may be able to help you, we will recommend a complete examination so we can thoroughly evaluate your condition.

We will always inform you of associated fees before we perform any procedure or service.

Report of Findings

Patients who are examined will receive a report of our findings from the recorded history, consultation, and examination. If we believe we can help, we will accept your case at this time. If we believe that you will not respond to care, we will not accept your case and may refer you to another provider.

Treatment Plan

If we accept your case, we may recommend treatment options based on your unique needs and then an individualized treatment plan may be created to address your short and/or long-term goals.

As you advance through treatment, periodic progress evaluations will measure and compare your improvement.

I understand and agree that:

- I will receive additional information about this office's privacy practices.
- I understand the purpose of today's visit

Patient or guardian signature

Date



McLeod Eastpointe Chiropractic
Eastpointe/ Shelby
586-774-8492 · Michiganchiropractors.com



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- AUTHORIZATION TO RELEASE INFORMATION:** You are authorized to release any information you deem appropriate concerning my physical condition to any insurance company, attorney, or adjuster, in order to process any claim for Reimbursement of charges incurred by me as result of professional services rendered by you and I hereby release you of any Consequence thereof.
- ASSIGNMENT OF PAYMENT:** My attorney and/or insurance company are hereby requested to pay direct to the doctor listed below, any monies due him on account, the same to be deducted from any settlement made on my behalf. Further, I agree to pay the difference if any, between the total amount of his charges and the amount paid him by the attorney and/or insurance company. It is further understood that I, the undersigned, agree to pay the full amount of his charges should my condition be such that is not covered by my policy or if for any reason the insurance company and/or attorney refuses to pay claim.
- MEDICARE ASSIGNMENT:** I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carries any information needed for this or related Medicare claim. I permit a copy of this authorization to be used in place of the original and request payment of the original and request payment of medical insurance benefits either to myself or to the party who accepts assignment below.
- CONSENT TO CARE FOR MINOR CHILD:** I hereby authorize the doctor listed below and whoever he may designate as his assistants to administer chiropractic care he deems necessary to _____. I give the same doctor(s) permission to adjust/examine/x-ray/massage or otherwise treat my child with or without a parent or legal guardian present.

Acknowledgement and understanding

I hereby acknowledge that I am receiving (or about to receive) health care services at McLeod Chiropractic and that I have been advised that the doctor providing the serviced is willing to wait for payment for these services, provided that there continues to be reasonable chance that payment will be made either by the insurance proceeds or out of the settlement of a liability case.

I understand that if the determined either:

- A.) That there is no insurance company obligated to pay for the services, or if the insurance company involved refuses to acknowledge an assignment to the doctor, or make other provisions for the protection of the interest of the doctors or,
- B.) If a liability claim exists and my attorney refuses to agree to protect the interest of the doctor, or if I have not engaged the services of an attorney then payment of services rendered by the doctor at McLeod Chiropractic will be made on a current basis and my bill paid in full as soon as my liability claim is settled or the passage of three months from my last treatment, whichever occurs first.

 Signature of Patient

 Date

 Witness



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Notice of Privacy Practices Acknowledgement
McLeod Eastpointe Chiropractic

I understand that under the Health Insurance Portability and Accountability Act (HIPAA), I have certain rights to privacy regarding my protected health information. I acknowledge that I have received or have been given the opportunity to receive a copy of your Notice of Privacy Practices. I also understand that this practice has the right to change its Notice of Privacy Practices and that I may contact the practice at any time to obtain a current copy of the Notice of Privacy Practices.

Patient Name or Legal Guardian (print)

Date

Signature

Office Use Only

We have made the following attempt to obtain the patient's signature acknowledging receipt of the Notice of Privacy Practices:

Date _____ Attempt _____

Staff Name _____



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At McLeod Chiropractic, we utilize “open room adjusting” in which two or more adjusting tables are side by side and you will often be treated while other patients are in the room. We have found this agreement has many benefits for our patients. The efficiency allows us to greatly shorten waiting time and the Doctor’s advice on healthy living is beneficial for all to hear. Personal or embarrassing topics will not be discussed in the open forum but anything you discuss with the doctor can and will be overheard by the other patients.

If you wish to discuss a private matter with the doctor, please notify an employee at the front desk so you may be seen separately. It is not necessary for you to tell the employee the subject of this discussion.

We have another option for people who do not wish to participate in open room adjusting. Please note that, if you make this choice, you may have to wait longer to see the doctor and your choice of appointment times may be limited. If you wish to be adjusted away from the open adjusting room, please notify the front desk for special accommodations.

“Straight Chiropractors do not engage in the medical practice of diagnosis and treating disease. The chiropractor’s one goal is to examine the patient’s spine and should a subluxation be detected, correct it by means of a chiropractic adjustment. The adjustment is not meant to be a panacea for all disease or a specific treatment for any particular disease. Regardless of what the disease is called, the chiropractor does not offer to diagnose, heal, or treat it, nor does the chiropractor offer advice regarding the treatment of disease.”

I have read, understood, and agree to the terms of acceptance.

Patient signature

Date



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Patient Financial Responsibility Policy

McLeod-Hope Chiropractic's goal is to provide the best service possible. Please call us before your appointment if you need to make special financial arrangements to pay our bill.

a. General

- a.** The patient's insurance policy is a contract between the patient and his or her insurance company. **However, all charges regardless of the insurance coverage are the patient's responsibility** and the patient is ultimately responsible for any unpaid balance. As a courtesy to our patients, McLeod-Hope Chiropractic bills the patients' insurance and makes every effort to ensure that claims are promptly and correctly processed. McLeod-Hope Chiropractic also bills patients' secondary insurance when patients provide complete insurance information.
- b.** Patient co-pays are expected at the time of service, and any remaining payment is due within 30 days of receiving the first bill from McLeod-Hope Chiropractic. We accept cash, checks, debit and credit cards (Visa, Master Card, Discover and American Express).
- c.** If you can't pay your balance within 30 days, please contact our office at _____. There are several ways you can pay your bill, including possible payment plans and one of our representatives will help find the right one for your financial needs. We will also work with you to determine if you are eligible for financial assistance.

b. Past Due Balances

A past due balance is any amount owed after the insurance company has paid its portion, but where McLeod-Hope Chiropractic has not received the full patient balance within ninety (90) days. After ninety (90) days as a private pay balance, interest may accrue at a rate of 1% per month (12% annual rate) on the unpaid balance at the discretion of our practice. Balances on accounts with payment plans where payments are in compliance with the plan are not considered past due balances. ***Patients who have a previous collection agency balance and with to receive services are required to pay any new charges at the time of service.***

c. Payment Plans

Payment arrangements may be made on patient's accounts based on a review of circumstances and approval by McLeod-Hope Chiropractic. We generally do not extend payment plans to Patients who have failed to make timely payments in the past. Our representatives may authorize monthly installment payments following the practice's minimum payment guidelines below and may offer participation through a third party such as Care Credit:



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Account Balance	Minimum Monthly Payment
\$100 or less	\$10.00
\$250 or less	\$25.00
\$251 - \$500	\$45.00
\$501 - \$750	\$65.00
\$751 - \$1000	\$85.00
Over \$1000	10%

d. Waiver of Co-pays and Deductible

- a. It is the policy of this practice to bill all applicable out of pocket amounts and to make reasonable efforts to collect such amount in accordance with our collection practices and procedures. McLeod-Hope Chiropractic will not waive copays, coinsurance or deductible amounts for insured patients, except in limited circumstances set forth in this Patient Financial Responsibility Policy. Such determinations may be made only after sufficient investigation has been made and it is expected that such waivers will be *rare*.
- b. If McLeod-Hope Chiropractic does waive co-payments of deductibles for a patient based on the patient's financial status, we will maintain a record of the information upon which we based this decision. Waivers of co-pays and deductibles may also be made after reasonable collection efforts have failed to result in the collection of fees. We will maintain records of what collection efforts have been made for fees waived in these instances.
- c. Under no circumstance will our practice engage in any of the following practices with respect to the waiver or lowering of co-insurance and/or deductibles:
 - i. Waive or lower co-insurance and deductibles that do not meet the requirements outlined in our Policy.
 - ii. Advertise, or in any way communicate to the general public that payments from private insurance, Medicare or Medicaid will be accepted as payment in full for health care services provided by our practice, or advertise or otherwise communicate to our patients or to the general public that patients will incur no out of pocket expenses
 - iii. Routinely use financial hardship forms which state that the patient is unable to pay co-insurance and deductible amounts.
 - iv. Charge Medicare beneficiaries or private insurance beneficiary's' different amounts than those charged to other persons for similar services.
 - v. Fail to collect co-insurance and deductibles from a specific group of patients for reasons unrelated to indigence or managed care contracting (e.g. to obtain referrals or to induce patients to see care in our practice vs. another provider's practice who does not waive co-pays and/or deductibles).
 - vi. Accept "insurance only" or TWIP (take what insurance pays) as payment in full for services rendered.
 - vii. Fail to make reasonable collection effort to collect a patient's balance.



e. Financial Hardship Determinations

- a. For indigent, uninsured or underinsured patients, McLeod-Hope Chiropractic may reduce or eliminate the patient’s financial responsibility for medically necessary and appropriate treatment on a case by case basis where the patient qualifies under our financial hardship guidelines.
- b. Financial hardship determinations are based upon a review of household income, assets and liabilities in relation to current Federal Poverty Income Guidelines. As part of the process, we generally evaluate income levels, net worth, employment status, other financial obligations, the amount and frequency of healthcare bills, and other circumstances. *Insured patients who choose not to have their claim filed with their insurance company are not eligible for our financial assistance program.*
- c. The determination of financial hardship is applicable to the current episode of care. To waive or reduce further payments, the patient must again prove financial hardship. The patient and our office representative shall sign a statement detailing that the practice has reviewed proof of financial hardship, and what bills are being reduced or waived.
- d. In the case of job loss, patients are expected to continue to pay their balance for two (2) months which looking to obtain a new job. At that point, the patient can apply for a Financial Hardship determination. This will also be the case for moving out of the state or an unexpected financial situation that arises.

f. Applying for Financial Hardship Assistance

- a. The patient or responsible party must complete a Patient Financial Hardship Application, and sign the form.
- b. Submit the completed worksheet and any supporting documentation (e.g. W-2s, Federal tax return, pay stubs etc.) to our office for review.
- c. We will review your package upon receipt and contact you if additional information is required. Applications will not be approved for financial hardship assistance when required forms are incomplete or necessary documentation is missing.
- d. We will contact you regarding your application, generally within 5 business days after we receive your complete application and all supporting attachments. Our representative will inform you of our decision regarding your request for financial assistance and, if applicable, the level of discount for your outstanding McLeod-Hope Chiropractic bill.

I have received the Patient Financial Responsibility Policy document:

Patient

Witness

Date

Date



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