

BOGGS CHIROPRACTIC
3939 Massillon Rd. #201
Uniontown, OH 44685
(330) 896-2424
www.boggschiropractic.com

PATIENT-DOCTOR AGREEMENTS

The purpose of this agreement is to allow us to more completely serve you and for you to get the best results in the shortest amount of time. It is our experience that those patients who follow through with these agreements get the best results.

SIGNING IN

When you arrive, sign in on the clipboard at the reception counter. You will be called and assigned a room in the order you signed in for the Doctor. If you are a new patient you may have a longer wait, this is to assure the Doctor is able to spend as much time with you as is necessary. Rest and relax, the Doctor will be in as soon as possible.

NEW PATIENT ORIENTATION

It is the policy of this office that you, the patient, participate in your recovery. It is mandatory that all patients attend our Patient Orientation as soon as possible after starting care. This class explains how the body functions, how Chiropractic works, and how results are produced. In addition this orientation will cover the basic requirements to a healthy lifestyle for overall well-being. Family and friends are always welcome. There is no charge for the class. While children are welcome in the office during our regular treatment times, child care is not available during our evening classes, so it is important that other arrangements are made for children under the age of 12 during the Patient Orientation.

MISSING OR CHANGING APPOINTMENTS

The Doctor will set up a specific course of treatment for you. A certain number of treatments in a set amount of time are required to get the results we both desire. Thus, if you need to change the time of your appointment, plan to come another time the same day or if the same day is not possible, it is important that you make up the missed appointment within one week. If you want to be here and have your spine corrected, you will be expected to follow the Doctor's treatment recommendations. There will be no exception to this. If you are not ready to make your health a priority by making a commitment to your treatment, then do not waste your time and money now and plan to have your spine corrected at a later date. **SCHEDULE YOUR LIFE AROUND YOUR HEALTH, NOT YOUR HEALTH AROUND YOUR LIFE.**

APPOINTMENT TIMES

We will set a specific time for your treatment. Please be prompt, as the Doctor has set this time aside just to detect and correct any spinal misalignments you may have. If you come at another time, you may have to wait a few minutes, as the Doctor also sets aside specific times to see new patients and conduct extended consultations. We value your time and do not want you to wait needlessly.

X-RAYS

X-rays may be necessary for the diagnosis and treatment of your condition. Those x-rays, if needed, will be taken in this office. It is the policy of this office to send any x-rays taken to Professional Imaging Consultants to be reviewed by a qualified radiologist. P.I.C. has fees that are separate from Boggs Chiropractic. P.I.C. will bill your insurance carrier, attorney, or the appropriate responsible party. You authorize that any payments from your insurance carrier or attorney be sent directly to PIC. Further understand that if Medicare covers you, Medicare does not pay for the interpretation of x-rays

taken in a chiropractic office. If you receive a statement from P.I.C. please refer any questions directly to them. A photocopy of this assignment shall be considered valid and as effective as the original.

PROGRESS EVALUATIONS AND RE-EXAMINATIONS

During your treatment, re-examinations and progress reports will be done on a regular basis. These ensure that you are progressing as scheduled or if changes in your treatment plan are necessary.

COMMUNICATION

Please communicate directly to your Doctor any upsetting matter such as waiting too long, rudeness by any staff member, failure to understand treatment, need for extended consultation, etc. We are here to serve you. Your criticism will help us to help you as well as others.

PAYMENT OF BILLS

We will expect you to honor the financial agreement you make with our office. In order to serve you better, please plan to make any payments at the front desk before you go back to see the Doctor. You may pay for your treatments at the beginning of the week or before each treatment. For your convenience the office accepts cash, credit, or check.

INSURANCE

Boggs Chiropractic is a network provider for Medicare, Medicaid, Workers Compensation, Personal Injury, and most major medical insurances. As a service to you, please present your insurance card and photo identification in the office so we can verify your insurance benefits for you. If you choose not to use insurance, we have many affordable payment options available to you. We are happy to answer any questions you have in the office.

AUTHORIZATION AND ASSIGNMENT

In consideration of us undertaking you as a patient, you agree to the following:

1. We are authorized to release any information deemed appropriate concerning your physical condition to any insurance company, attorney, or adjuster in order to process any claim for reimbursement of charges incurred for services rendered to you by any member of our staff.
2. You also authorize the direct payment to us of any sum you now or hereafter owe us by your attorney, out of the proceeds of any settlement of your case, and/or by any insurance company obligated to make payment to you based in whole or in part upon the charges made for your services.
3. You understand that this office will bill your insurance company for the appropriate fees for services rendered. You will be required to pay deductible and/or co-insurance payments if mandated by your insurance policy agreement. You hereby promise to pay your bill within ten (10) days from the date your liability claim is settled, or after the passage of three (3) months from the date of your last treatment, whichever comes first.
4. By signing this form you confirm that you have read the Notice of Privacy Practices form and understand your rights as it regards to HIPPA.

I, _____, have read and understand the above policies and agree to abide by them.

Signature: _____

Date: _____