

EDISON CHIROPRACTIC WELLNESS CENTER

Sean T. Edison, D.C.

105 S. Pearl St.
Tecumseh, MI 49286

PATIENT RESPONSIBILITY AGREEMENT

Payment is expected at time of service.

For all patients, payment of insurance co-pays, deductibles and services not covered by insurance are to be paid for at the time the service is rendered. In the event that a bill is sent via mail, regular payments are expected and required. If we do not receive a payment the month that the bill was submitted, a late fee of \$10 will be added to the account and each month a payment is missed.

You are responsible for any balances not covered by your insurance, including rejected claims. While every effort will be made to submit claims in accordance with the insurers' requirements for payment, in the event of a dispute or rejection, you as the insured or guarantor are responsible for payment. Insurance coverage for chiropractic services may not be a benefit provided to you and the eligible member of your family. The insurance contract is between you and your insurance provider, and not between the insurance company and the chiropractic care provider.

We will be happy to provide you with whatever documentation is necessary to pursue your claim for reimbursement from your insurance company.

If you are a Medicaid recipient, please acknowledge that examinations are a noncovered benefit. We will bill for the service but payment in full is expected of the patient at the time of service.

If it is necessary for your account to be turned over to the credit bureau for collection, there will be an automatic 50% collection fee added to your balance. Any balance less than \$100 the collection fee is doubled (100% fee added to the account). If the patient is a minor, the parent who requests treatment for the child is responsible for all fees for services rendered.

Missed appointments

We reserve the right to charge \$20.00 for missed appointments without a 24-hour notice. This is payable from you and will not be billed to your insurance.

Authorization to release billing information

I understand that this chiropractic office will prepare any necessary reports and forms to assist me in making collections from the insurance company and that any amount authorized to be paid directly to this chiropractic office will be credited to my account on receipt. I hereby authorize and direct insurance benefits to be paid directly to Edison Chiropractic Center.

I acknowledge that I have read and understand this payment policy.

Signature

Date

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Doctor-Patient Relationship Informed Consent

CHIROPRACTIC

It is important to acknowledge the difference between the health care specialties of chiropractic, osteopathy, and medicine. Chiropractic health care seeks to restore health through natural means without the use of medicine or surgery. This gives the body maximum opportunity to utilize its inherent recuperative powers. The success of the chiropractic doctor's procedures often depends on environment, underlying causes and spinal conditions. It is important to understand what to expect from chiropractic health care services.

ANALYSIS

A doctor of chiropractic conducts a clinical analysis for the express purpose of determining whether there is evidence of Vertebral Subluxation Complex (VSC). When such vertebral subluxation complexes are found, chiropractic adjustments and ancillary procedures may be given in attempt to restore spinal integrity. It is the chiropractic premise that spinal alignment allows nerve transmission throughout the body and gives the body an opportunity to use its inherent recuperative powers. Due to the complexities of nature, no doctor can promise you specific results. This depends upon the inherent recuperative powers of the body.

DIAGNOSIS

Although doctors of chiropractic are experts in chiropractic diagnosis, the vertebral subluxation syndrome and complex, they are not internal medical specialists. Every chiropractic patient should be mindful of his/her symptoms and should secure other opinions if he/she has any concern as to the nature of his/her condition. Your doctor of chiropractic may express an opinion as to whether or not you should take this step, but you are responsible for the final decision.

INFORMED CONSENT FOR CHIROPRACTIC CARE

A patient, in coming to the doctor of chiropractic gives the doctor permission and authority to care for the patient in accordance with the chiropractic tests, diagnosis, and analysis. The chiropractic adjustment or other clinical procedure are usually beneficial and seldom cause any problem. In rare cases, underlying physical defects, deformities, or pathologies may render the patient susceptible to injury. The doctor, of course, will not give a chiropractic adjustment, or health care, if he is aware that such care may be contraindicated. Again, it is the responsibility of the patient to make known or to learn through health care procedures whatever he/she is suffering from: latent pathological defects, illnesses, or deformities which would otherwise not come to the attention of the doctor of chiropractic. The patient should look to the correct specialized, non-duplicating health service. The doctor of chiropractic is licensed in a special practice and is available to work with other types of providers in your health care regime.

RESULTS

The purpose of chiropractic services is to promote natural health through the reduction of vertebral subluxation complex. Since there are so many variables, it is difficult to predict the time schedule or efficacy of the chiropractic procedures. Sometimes the response is phenomenal. In most cases there is a more gradual, but quite satisfactory response. Occasionally, the results are less than expected. Two or more similar conditions may respond differently to the same chiropractic care. Many medical failures find quick relief through chiropractic. In turn, conditions, which do not respond to chiropractic care, may come under control or be helped through drugs or surgery. The fact is that the science of chiropractic and medicine may never be so exact as to provide definite answers to all problems. Both have made great strides in alleviating pain and controlling disease.

TO THE PATIENT

Please discuss any questions or problems with the doctor before signing this statement of policy.

I have read, and understand the foregoing.

Signature

Date