PATIENT-DOCTOR AGREEMENT

The purpose of this agreement is to allow us to 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. You will be called and assigned a treatment area in the order you signed in for the Doctor. On each visit, pick up your appointment card at the front desk, and go to the assigned treatment area. Rest, relax, and 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. We strongly recommend that all patients attend our **Patient Orientation Class**, within the first two weeks of starting care. This class explains how the body functions, how Chiropractic works, the difference in being treated with a specific upper cervical technique, and how results are produced applying this technique. Family and friends are always welcome. There is no charge for this class. While children are welcome in the office during our regular treatment times, we do not recommend bringing them to the Patient Orientation Class. During your treatment series, re-examinations and progress reports will be done on a regular basis.

MISSING OR CHANGING APPOINTMENTS

The Doctor has 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. Please, 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 that week. Our main goal is to keep you "on schedule". If you are here for spinal correction, and not just symptomatic relief, you will be expected to follow the Doctors treatment recommendations on order to get the best results. Following these recommendations will help you to achieve your goals in this care and in your health. A wise man once said, "Schedule your life around your health, not your health around your life!"

APPOINTMENT TIMES

We will set a specific time for your adjustment. Try to be as prompt as the Doctor has set this time aside for you. Our goal each visit is to detect and correct vertebral subluxations and during this time, that is all he/she will do. 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. If you wish to sit down with the Doctor to discuss your case, a specific Doctor/Patient conference can be arranged at no additional charge.

COMMUNICATION

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

FINACIAL POLICY

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 payment/payment arrangements at the front desk before you go to your adjustment. If you are a CASH patient, we request that 100% of the first visit be paid at the time treatment was rendered. For your convenience, future payments may be arranged at the first visit of each week. We accept cash, check, MasterCard or Visa. If there is a balance left on your account at the time you choose to complete treatment, we ask that you clear it before leaving. If you are unable to clear the balance at that time, we will be willing to set up payment arrangements on auto-debit and work with you until it is cleared. If the balance is not cleared and no payment arrangements were set up, we will unfortunately be forced to send your remaining balance to collections after a reasonable period of time.

HEALTH CARE MADE AFFORDABLE/FAMILY PLANS

We understand that you have made a decision to see if Chiropractic can assist you in healing your body. We would like to help make this possible. We have set up plans in our office to financially help you achieve your goals of getting healthy. We also understand that once you start to see the results of chiropractic, it is common to want to bring your family in. Please ask our front desk about our family plans.

MEDICAL/GROUP INSURANCE

You are expected to pay in full for the services of your first visit. We need you to fill out and complete the "Chiropractic Insurance Policy" form. We are a customer service office and try to be as helpful as possible. As a benefit to you, we will check your insurance coverage. We ask that you call on your coverage as well. Insurance company's state that the information provided is an estimate of coverage, so we like to be as thorough as possible. Also, any checks sent to your home by the insurance company must be brought or sent to our office within three days.

AUTO ACCIDENT/PERSONAL INJURY

You are responsible for reporting your accident to the insurance company and to your insurance agent. Your insurance coverage for your medical bills is called PIP (Personal Injury Protection). You must contact your insurance agent and have them send you a PIP application. We require all patients to provide us with their insurance information, as well as the address and contain information for the insurance of the at fault driver. This information must be provided to us within the first two visits or we will ask you to pay up front until that information is obtained. You are usually covered 100% for these injuries. There are certain insurance companies who will pay only usual and customary. This will leave a small residual balance for you unless you have an attorney. This protects not only us, but it also protects you from having a balance, which becomes your responsibility to pay. We can help to recommend an attorney if necessary. If a personal injury balance is help without payment for an extended period of time, we are subject to add 12% annual interest until the balance is paid in full (percentage rate is subject to change at our discretion), and all financial matters will be fully disclosed to

| the patient. | | | | |
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| WORKERS COMPENSATION | • | | | |
| f your care is related to Work | ers Compensation, you must obtain nployer notify his insurance company, | written consent from your, that you are under care a | employer, allowing you to at our office, and have them | receive care at our office. You send us the appropriate form |
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