



Office Policies

APPOINTMENT POLICY: We encourage you to schedule multiple future appointments for your convenience and to ensure you're able to follow your doctor's recommended care plan, which is necessary to achieve your optimal results.

Therefore, if you are unable to keep an appointment for any reason, we request that you call immediately to reschedule your visit. It's your obligation to make up a missed appointment within 7 days of any cancellation. When entering our office on any given visit, please go directly to the front desk and "sign in." We attempt to honor all appointments at the scheduled time. If you are late, you may have to wait for the next available appointment. If you have any questions regarding our office policy or your appointments, please do not hesitate to speak to the front desk.

MISSED APPOINTMENT FEE: Effective January 1, 2021, there will be a \$10.00 fee for every missed appointment. Appointment reminders are a courtesy and if a reminder fails to send, the patient is still responsible for their appointment. Please call our office prior to your appointment if any changes need to be made.

FINANCIAL POLICY

GENERAL INSURANCE: Patients who have chiropractic benefits (including children) on their insurance policies are required to provide this office with all necessary billing information, including but not limited to, addresses, phone numbers, and policy numbers within **5 working days** of their initial date of service. Patients who fail to do so will become a self-pay patient on day 5 and any balance due must be paid in full at that time. As a courtesy to you, we will bill your insurance company and wait for payment. Your obligation is to pay any and all deductibles, co-payments, and co-insurance on day of service. You are also responsible for any "non-covered" services. If your carrier has not paid a claim within 60 days of submission, you are responsible to take an active part in the recovery of your claim. After 90 days, you will be responsible for payment in full for any outstanding balance. Remember, the care and services were provided to you and **not** your insurance company. You are responsible for all costs incurred in this office.

CHILDREN: In an effort to make chiropractic care affordable for your entire family, we have a special discounted cash rate for children ages 0-12 years of age. If your child does not have health insurance, the discounted cash rate will be \$35.00 if paid on the date of service. Any services not paid at the time of service will be \$50. This special price is for chiropractic adjustments only. It does not apply to x-rays, examinations or therapy. *All services for children with health insurance will be billed the allowed \$50.*

SELF-PAY: Patients without the benefit of chiropractic coverage on their insurance policy are responsible to pay 100% of their charges as services are rendered. We offer a discounted rate of \$45.00 per office visit, when paid at the time of visit, and Insurance is **NOT** being billed. If we must bill you, the cost of the visit will be \$50.00. The \$5.00 discount is a reward to patients who pay on their date of service, which reduces our administrative costs. If care becomes extensive, a payment agreement can be provided, which will detail a monthly amount.

MEDICARE: We are a participating member of Medicare and follow their guidelines. Medicare only pays for care that they consider "active treatment" (AT). *They do not cover maintenance care.* Please discuss this with your doctor for a

Last Updated: 12/15/2020

I have read and agree to the terms outlined. Please initial: _____ Date: _____

more complete explanation. Please be aware that Medicare covers *only* chiropractic adjustments. Medicare does not pay for any other services performed by a chiropractor (including exam and x-rays), which makes those services the responsibility of the *patient*. If you have a secondary insurance, please note that it is the patient's responsibility to keep track of visit limits and dollar maximums.

PUBLIC AID: Our office does not participate in Public Aid.

PPO / HMO: Each PPO/HMO coverage is different, and our office will make every attempt to verify your coverage for you. If your policy requires a referral, it is your responsibility to get the necessary referrals from your primary care physician. (PCP)

WORKERS COMPENSATION: Our office does not accept Worker's Compensation (WC) cases. However, in the event a current patient becomes part of a WC case, the patient may pay for their care in full and seek reimbursement from the company handling their WC claims. Our office will comply with medical requests from the company handling the WC claims regarding the patient.

PERSONAL INJURY: All patients involved in a personal injury (PI), such as a motor vehicle accident, are required to provide all necessary billing information and attorney information to this office within **5 working days** of your initial visit. We will bill your car insurance company for all services incurred in our office during a PI case, but failure to provide the necessary information to do so will make you responsible for the outstanding balance and you will be required to pay in full on day 5 and any services rendered thereafter. All charges incurred will be billed the full amount and no cash discount will be granted. We require patients to file claims with their own insurance (first party) regardless of who was "at fault." If you have retained an attorney, you will be asked to sign a lien to protect any outstanding balance in this office at the time of settlement. Any outstanding balance not paid at the time of settlement is *your* responsibility.

I fully understand that I am directly and fully responsible to Bemis Tupman Chiropractic for all chiropractic services provided to me and that this agreement is made solely for said doctor's additional protection and in consideration of his/her awaiting payment. I further understand that such payment by me is not contingent on any settlement, claim, judgment, or verdict by which I may eventually recover said fees.

I expressly state that in the event that I fail to make payment to this office for any and all cost incurred as a result of the chiropractic services rendered within a reasonable period of time, that I agree to pay the cost of collection, including reasonable attorney's fees as provided by law.

I further understand that the care was provided to me, not my insurance company, employer, and/or attorney. Therefore, I am solely responsible for my account.

PRIVACY POLICY

THIS NOTICE DESCRIBES HOW CHIROPRACTIC AND MEDICAL INFORMATION ABOUT YOU MAY BE SENT AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY. IF YOU WOULD LIKE A COPY OF THIS POLICY FOR YOUR RECORDS PLEASE ASK THE FRONT DESK STAFF.

In the course of your care as a patient at Bemis Tupman Chiropractic we may use or disclose personal and health related information about you in the following ways:

I have read and agree to the terms outlined. Please initial: _____ Date: _____

- Your personal health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment.
- Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, an HMO, PPO, or your employer, if they are or may be responsible for the payment of your services.
- Your name, address, phone number and your health care records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other health related information that may be of interest to you.
- A majority of your health records are now electronic which are double password protected; both through the computer and through the software used for record keeping.
- We do our best to protect all of your personal and health information.

Appointment reminders may be set up through the front desk through email or text message. If an appointment is missed, a voice message from a Bemis Tupman Chiropractic team member will be left on the phone number provided. The doctor may call you at your home or business to follow up on your care. Further, you have the right to inspect or obtain a copy of the information we use for these purposes. You also have the right to refuse to provide authorization of this office to contact you regarding these matters. If you do not provide us with this authorization it will not affect the care provided to you or the reimbursement avenues associated with your care.

Any use or disclosure of your protected health information, other than as outlined above, will only be made upon your written authorization.

We normally provide information about your health to you in person at the time you receive chiropractic care. We may also mail information to you regarding the status of your account. If you would like to receive this information at an address other than your home or if you would like the information in a different form please advise us in writing as to your preference.

You have the right to inspect and/or copy your health information for seven years from the date that the record was created or as long as the information remains in our files. In addition, you have the right to request an amendment to your health information. Requests to inspect, copy or amend your health-related information should be provided to us in writing.

We are required by state and federal law to maintain the privacy of your patient file and the protected health information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information.

We are further required by law to abide by the terms of this notice while it is in effect. We reserve the right to alter or amend the terms of this privacy notice. These policies are subject to change at any time without notice, at the sole discretion of Bemis Tupman Chiropractic.

Information that we use or disclose based on this privacy notice may be subject to re-disclosure by the person to whom we provide the information in our files.

If you have a complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities you should direct your complaint to: Dr. Kristina Bemis Tupman.

If you would like further information about our privacy policies and practices, please contact: Dr. Kristina Bemis Tupman.

This notice, and any alterations or amendments made hereto will expire seven years after the date upon which the record was created.