Informed Consent Document

Patient Name: _____

Please read this entire document prior to signing it. It is important that you understand the information contained in this document. Please ask questions before you sign if there is anything that is unclear.

The nature of the chiropractic adjustment

The primary treatment I use as Doctor of Chiropractic is spinal manipulative therapy. I will use that procedure to treat you. I may use my hands or a mechanical instrument upon your body in such a way as to move your joints. That may cause an audible "pop" or "click", much as you have experienced when you "crack" your knuckles. You may feel a sense of movement.

Analysis/Examination/Treatment

As a part of the analysis, examination and treatment, you are consenting to the following procedures:

- Spinal Manipulative Therapy
- Range of Motion Testing
- Muscle Strength Testing
- Palpation
- Orthopedic Testing
- Postural Analysis
- Hot/Cold Therapy
- Vital Signs
- Basic Neurological Testing
- EMS (Electric Muscle Stimulation)*

*Please inform the doctor if you are being treated for cancer before using EMS.

The material risks inherent in chiropractic adjustment

As with any healthcare procedure, there are certain complications that may arise during chiropractic manipulation and therapy. These complications include but are not limited to: fractures, disc injuries, dislocations, muscle strain, cervical myelopathy, costovertebral strains and separations, and burns. Some types of manipulation of the neck have been associated with injuries to the arteries in the neck leading to or contributing to serious complications including stroke. Some patients will feel some stiffness and soreness following the first few days of treatment. I will make every reasonable effort during the examination to screen for contraindications to care, however, if you have a condition that would otherwise not come to my attention, it is your responsibility to inform me.

The probability of those risks occurring

Fractures are rare occurrences and generally result from some underlying weakness of the bone, which I check for during the taking of your history and during examination. Stroke has been the subject of tremendous disagreement. The incidences of stroke are exceedingly rare and are estimated to occur between one in one million and one in five million cervical adjustments. The other complications are also generally described as rare.

Informed Consent Document (continued)

The availability and nature of other treatment options

Other treatment options for your condition may include:

- Self-administered, over-the-counter analgesics and rest
- Medical care and prescription drugs such as anti-inflammatory, muscle relaxants and pain killers
- Hospitalization
- Surgery

If you choose to use one of the above noted "other treatment" options, you should be aware that there are risks and benefits of such options and you may wish to discuss these with your primary medical physician.

The risks and dangers attendant to remaining untreated

Remaining untreated may allow the formation of adhesions and reduce mobility, which may set up a pain reaction, further reducing mobility. Over time this process may complicate treatment, making it more difficult and less effective the longer it is postponed.

I have read or have had read to me the above explanation of the chiropractic adjustment and related treatment. I have discussed this with the doctor(s) or have had my questions answered to my satisfaction. By signing below, I state that I have weighed the risk involved in undergoing treatment and have decided that it is in my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to be treated.

Dated:_____

_____

Patients Name (Please Print)

_____

Signature

_____

Signature of Parent or Guardian (if a minor)

Financial Policy

Dr. Elizabeth Kinneavy
Dr. Tanya Bruns

2770 Dagny Way, #210
Lafayette, CO 80026

Front Street Chiropractic

Account #_____

Patient Name_____Effective Date_____

I understand that my chiropractic care in this office may vary in cost, depending on what services I receive. The policy I choose is: (Please mark one.)

❑ **PAPERWORK Reduction**

❑ **NECESSARY Paperwork** (bill insurance)

Price	Appointment Service	Price
$133.00 ..... 60 minute	**Initial Exam** Usually includes adjustment	$168.00 - $216.00
$53.00 .....15 minute	**Regular Spinal Adjustment**	$108.00
$68.00 ..... 20 minute	**2nd Visit, New Medical Issue, Lapse in Treatment,**	$108.00
$98.00 ..... 30 minute	**Rehabilitation Exercises, X-Ray Review , or Patient Request**	$216.00
$35.00 ..... 10 minute	**Child Adjustment**	$108.00
$35.00 ..... 15 minute	**2nd Family Member Service** seen same (Monday-Friday) week	N/A
$12.00 ..... 15 minute	**EMS Electric Muscle Stimulation**	N/A
$30.00	**Missed Appointment Fee, Less than 24 hrs Notice of Cancellation** (patient responsibility)	$30.00
$60.00 - $150.00	**Emergency Appointment Fee**	$60.00 - $150.00

Qualifications for Paperwork Reduction Plan

- Payment in full is made each visit.
- Never carry a balance on your account.
- No paperwork other than a receipt at the time of service.
- Keep your appointments and the schedule set by your doctor.

Fees subject to change at any time

Typical Basic Services

- Initial Consultation
- Exams and Re-exams
- Chiropractic adjustments
- Physiotherapy
- Exercise programs

Cancellation Policy

Please understand, a missed appointments or cancellation with less than 24 hours notice results in a missed opportunity to help another client. We kindly ask that you give at least 24 hours notice to our office of a cancellation/reschedule. If this request is not met, a **$30.00 charge** will be added to your account and is the responsibility of the patient.

I authorize all insurance companies, third party payers and attorneys to make direct payment of my benefits to Front Street Chiropractic Center for all monies due my account for the services I have received. If my policy prohibits assignment, I direct my insurance company to mail all checks made payable to me, directly to Front Street Chiropractic, at 2770 Dagny Way Ste. 210 Lafayette, CO 80026.

_____ Date _____

Patient Signature

_____ Date _____

Parent or Guardian Authorized Signature

Updated 03/2017

Front Street Chiropractic Financial Policy

We find that our clients appreciate knowing in advance what is expected of them financially and what terms and conditions are available. Please read the following information carefully. If you should have any questions please direct them to our Front Desk Staff. All patients are free to choose between the Necessary Paperwork Plan and the Paperwork Reduction Plan for their financial policy with Front Street Chiropractic.

DEFINITION:
Necessary Paperwork: (Third Party Pay / Insurance)
This fee schedule is higher than the Paperwork Reduction Plan, as necessary paperwork is inevitable when insurance is billed. Charges are billed either to the patient, another party, or an insurance company.

Paperwork Reduction: (Private Pay)
Under this payment method, charges for services are paid in full immediately after they are delivered, and no paper work is performed, other than a receipt. We accept Cash, Check, Visa, MasterCard, American Express or Discover as payment.

ADMINISTRATIVE SERVICES THAT ARE NOT COVERED:
Since a reduced fee is charged for services, no documents will be supplied to the patient for reimbursement by a third party, including copies of medical records, completion of forms or questionnaires, writing of report, preparation of insurance bills, etc. However, a receipt will be given at the time of payment.

IF ADMINISTRATIVE SERVICES ARE REQUESTED:
If any of the previously mentioned documents are requested subsequent to payment of the reduced fee, the difference between the reduced charge and the billed charge will be paid by the patient (on all related services) prior to the preparation of the documents.

REQUIREMENTS TO RECEIVE THE PAPERWORK REDUCTION FEE SCHEDULE:

1. Keep the schedule the doctor sets for you.
2. Pay at the time of service.
3. Never carry a balance.
4. Require no paperwork from our financial department, only a receipt at the time of your service.

INSURANCE:
For most patients who carry insurance, you must bring a completed insurance form or card with you each time you are treated in our office. As a courtesy, this office will file a claim for your treatment with your insurance company and will accept assignment of benefits providing you pay all patient deductibles and estimated percentages at the time of your visit. We accept no responsibility in collecting overdue insurance claims or negotiating settlement on disputed claims. You are responsible for the total charges or any difference remaining following payment by your insurance company. If your insurance has not made payment or you feel that your insurance company has not made correct or adequate payment on your account, you must contact them first to discuss the matter. Please request that your insurance company provide you with a confirmation number as a record of your follow-up with them. We will not resubmit claims until this has been done.

PATIENT PAYMENT:
As a condition of treatment by this office, all patient portion of fees must be paid at the time the service is provided. Payments may be made by Cash, Check, Visa, MasterCard, American Express or Discover Card. Any other payment arrangements must be authorized in advance by our Business Office.

COMPLEX NARRATIVE REPORTS:
These reports, as needed in litigation, are expected to be compensated by the party that requests the report. The terms will be agreed upon prior to the preparation of the report.

APPOINTMENT COMMITMENT:
When we schedule an appointment for you, two events occur: 1) We will hold that appointment time for you, and 2) we trust you will arrive ON TIME for that appointment. If you are late for an appointment, we will do our best to fit you into our schedule, however, if you are more than 5 minutes late to you scheduled appointment we may have to reschedule. Our policy is that the first time an appointment is missed we will give a warning of a fee. The second time this occurs you will be charged a fee of $30. If subsequent appointments are missed or cancelled with short notice you may be discharged from our practice.

IF YOU WISH TO BE BILLED; (Please note * This is not part of the Paperwork Reduction Plan)
You will have 30 days from the date of your statement to pay your bill in full without being charged interest. A rate of 1.75% interest will be added to the balance each month thereafter. This amounts to 21% on a yearly basis.
Updated 03/2017

Front Street Health & Wellness Group
2770 Dagny Way, Ste 210
Lafayette, CO 80026
303-604-2987

ACKNOWLEDGMENT OF RECEIPT OF HIPAA PRIVACY NOTICE

I, _____, have received a copy of this office's Notice of Privacy Practices. I understand that I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

Conduct, plan and direct my treatment and follow-up among the health care providers who may be directly and indirectly involved in providing my treatment.

Obtain payment from third-party payers.

Conduct normal health care operations such as quality assessments and accreditation.

_____

Patient

_____

Signature

_____

Date

For Office Use Only

We attempted to obtain written Acknowledgment of receipt of our Notice of Privacy Practices, but Acknowledgment could not be obtained because:

- ☐ **Individual refused to sign**
- ☐ **Communications barriers prohibited obtaining the Acknowledgment**
- ☐ **An emergency situation prevented us from obtaining Acknowledgment**
- ☐ **Other (Please Specify)** _____

_____

_____

Staff signature **Date**

 Updated, 9/1/2016