

CHIROPRACTIC



WELLNESS

## OFFICE POLICY

We believe that a clear definition of our office will allow you, the patient, and us to concentrate on the big issue:  
REGAINING AND MAINTAINING YOUR HEALTH.

### APPOINTMENT POLICY

When entering the office on any given visit, please go directly to the front desk and sign in. Please inform the receptionist of any changes that have occurred in your status: change of name, address, phone number, insurance (auto, group or medicare), or if any injury has occurred since your last visit. We attempt to honor all appointments at the scheduled times. If you are late, you will be worked in. Occasionally, emergencies may disrupt patient flow, and we ask your patience and offer our apologies for any unforeseen circumstances that may occur. We ask that a 24-hour advance notice be given for rescheduling of appointments. At this time, there is not a fee for missed appointments however, if missing appointments becomes a habit, it may be necessary to charge for the time that could have been given to another patient. Please wear the appropriate attire: remove tie, no short skirts. This will allow for the adjustment. Please wear shoes that stay fastened to your feet, no flip flops please! Necklaces and chains are discouraged, please remove prior to appointment. If you are having Auricular Therapy, please remove earrings. Fragrances are discouraged due to the sensitivity of others in the office. Please no gum chewing, eating, or drinking in the office. Children are welcome, but please do not leave unattended. Please turn off cell phones.

### FINANCIAL POLICY

It is our office policy that all services rendered are charged directly to you, the patient, and that you are ultimately personally responsible for all fees.

### INSURANCE POLICY

**Dr. Murphy does not accept assignment on group insurance, however, as a courtesy to you, our office will continue to file. Any and all payments from your insurance company will go directly to you, and payment is expected at the time services are rendered.**

#### GROUP INSURANCE

1. Our office will qualify your insurance coverage in an effort to help you determine exactly what Chiropractic coverage is available to you under your policy.
2. All payments are due when services are rendered.
3. This office does not file secondary insurance but will be happy to provide the information necessary for you to submit.

#### AUTO INSURANCE - PIP

1. Our office will qualify your insurance coverage in an effort to help you determine exactly what Chiropractic coverage is available to you under your policy.
2. If your policy carries a deductible, it will be your responsibility.
3. Charges not covered by your insurance company will be your responsibility at the time of service (i.e., nutrition, orthopedic supports)

### **RECORDS POLICY – No copies of records/x-rays will be made until ALL account balances are paid in full.**

1. If at your request, copies of records are to be sent to another health-care provider, copies will be made and you will be charged the appropriate fee per page.
2. X-rays going to another health-care provider will also be copied since they are legal documents and part of your permanent record. Your charge incurred is the appropriated fee per film.
3. Copies of records requested for consultation with another health-care provider will be made and sent to the consulting doctor at no charge to you.
4. X-rays requested for consultation by another health-care provider will be mailed or may be hand carried by you. You will sign a release for them and be responsible for their safe return.

**\*\*\*There are absolutely no returns or exchanges on any PRODUCTS. No Exceptions!\*\*\***

**(Initial)\_\_\_\_\_ Dr. Murphy does not assume any responsibility/liability for services rendered without proper knowledge of the patient's history.**

It is the goal of this office to provide you with the finest quality of chiropractic care available. If you have any questions regarding your health care or any of our policies, please let us know. We welcome your referrals and look forward to a doctor-patient relationship that works for our mutual benefit.

Patient Name Printed \_\_\_\_\_ Today's date \_\_\_\_\_

Patients or Guardian Signature \_\_\_\_\_ HWC Employee Witness \_\_\_\_\_