



Let's Make Sure We're On the Same Page...

When an individual or family seeks and is accepted into a program of **function-based** chiropractic care, it is essential both parties are working toward the same objectives. We have one primary goal, and it is important that everyone understands our objective and the methods we will use to move toward that objective.

Your child's care in our center is not a substitute or alternative form of *medicine*. Medically-based care specializes in the *diagnosis* and *treatment* of specific symptoms, illness and disease. Our function-based chiropractic care specializes in helping people of all ages ensure that their spines and nerve systems are functioning as optimally as possible. This in turn allows their bodies to work the best they possibly can.

If during the course of chiropractic spinal examination we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

Our focus is to improve your child's ability to function, therefore, moving it toward increased **health, wellness** and an **overall improved quality of life**.

If you are seeking care for the removal of a *specific* medical symptom or condition, we suggest you seek additional help from a symptom, illness, and disease orientated professional if you feel that our function-based approach will not be sufficient in progressively raising you to the levels of health, wellness and quality of life you desire for yourself and your family.

By signing, I acknowledge I have read and understand the above statement and I hereby give permission for Whole Family Chiropractic to continue with my child's initial consultation and assessment. I also agree to return at a later date to allow Whole Family Chiropractic to report their findings and recommendations to me. By agreeing to this, I am in no way obligated to follow the advice given to me in the report of findings.

We look forward to helping you maximize your experience and expression of health and life!

Your Personal Privacy is Very Important to Us!

In this day and age it is unfortunately very easy for people to have their personal and private information shared without their knowledge or consent. Because your privacy is so important to us, we have taken steps to ensure that we will never share your personal or private information with anyone except to assist you in getting reimbursed from a third party or in helping you keep on track with your schedule of care and in moving progressively toward the results you desire and deserve.

We may only disclose any information about you in the following ways:

- To another health-care provider, hospital or facility if they request it in order to assist them in caring for you. This request must also be accompanied by a consent form signed by you.
- To an insurance carrier, HMO or employer if they are possibly responsible for payment or reimbursement of services. This request must also be accompanied by a consent form signed by you.
- We may ask your permission to use you as a success story to help others see the value of care in our center. We will ask for you to sign a separate consent form if this is the case.
- If you are not available to receive an appointment reminder, a message may be left on your answering machine or with a person in your household or at work. We may also send you a reminder by Email or Text .
- We reserve the right to alter/amend the terms of this privacy notice. If changes are made to our privacy policies, we will send you a notice by Email and post the policy changes in our center where they are easily visible for all of our practice members to view.
- If you have a complaint regarding any aspect of our privacy policies, or if you would like further information about them, please contact Dr. Moe.

My signature acknowledges that I have read this notice, I understand it and I hereby agree to comply with the policies as explained here.

Fees and Financial Policies

We are committed to providing you and your family the best neurologic-based chiropractic care possible in a loving and caring environment. We have established our financial policies to assist us in achieving that goal. **All fees are due at the time of service.** You can decrease your costs through our membership savings options.

<u>Service</u>	<u>Fee</u>
Initial Assessment – One Family Member	\$150
Initial Assessment – Additional Family Members	+70 for each add'l
Progress Assessment	\$95
Adjustment	\$60 (Family & Membership Savings Available)
Reactivation Assessment	\$95

*Our office has established affordable fee plans and discounts through our membership savings options. These memberships save you money as we avoid the costs of billing and collections. We are happy to provide **RECEIPTS** for your Flexible Spending, Health Savings Accounts, health insurance reimbursement, and end of year income tax statements.*

By signing, I understand that payment is due at the time of my service: Studies have shown that chiropractic care is very cost-effective and less expensive, in the long run, than drugs, surgery or more invasive procedures. We appreciate the commitment you are making to your health.

We can provide receipts for insurance reimbursement: If you are curious about reimbursement, please call your insurance company and ask about “out-of-network coverage.” The reason we choose to be out-of-network is that our technique is very specialized, and we work with many health issues that insurance is not used to chiropractors helping with. In addition, they are often unfamiliar as to the benefits of chiropractic for children. As a result, we find being in-network is too restrictive on our care, and prevents your child from getting the results you are looking for.

If you have insurance that reimburses for chiropractic, or would like to apply our care toward your deductible, we will supply you with all of the paperwork necessary for **you to get reimbursed** from your insurance company. They are **responsible to you**, as the subscriber, not to us, the provider.

By signing, I acknowledge that I have read and I understand the above policies and I agree to follow them.