

## RISK AND CONSENT FOR TREATMENT

Chiropractic examination and therapeutic treatment procedures (including spinal adjustments, ultrasound, heat/cold application, electrotherapy, and manual muscle therapy) are considered safe and effective methods of care. Occasionally, complications may arise with any procedures intended to help. While the chances of experiencing complications are small, it is the practice of this clinic to inform our patients about them. **Side effects include, but are not limited to, soreness, inflammation, soft tissue injury, dizziness, burns, and temporary worsening of symptoms.** Instrument assisted soft tissue mobilization can be associated with short-term bruising as part of the normal therapeutic process, but usually accompanies improved function. More serious complications are rare and their association with spinal adjustments/manipulation is debated. The patient's best interest combined with known facts will be considered for best judgment regarding these risks. Additional information on the possible side-effects, complications, and effectiveness of spinal adjustments is available upon request. For proper perspective, the risks of chiropractic neck treatment should be compared to the risks of other treatments for similar conditions.

*The most conservative "conventional" treatment for neck and back pain is prescription of non-steroidal anti-inflammatory drugs (NSAIDs), which may carry a significantly greater risk than manipulation. One study found a 4/10,000 annual mortality rate for NSAID induced ulcers among patients treated for non-rheumatic conditions such as musculoskeletal pain and osteoarthritis. Neck surgery is also commonly used for conditions very similar to the conditions chiropractors treat using spinal manipulation. There is a 3-4% rate of complication for cervical spine surgery, and 4,000-10,000 deaths per million neck surgeries. Chiropractic manipulation is a very safe form of therapy that is performed in selected cases. Like any form of therapy, there is a benefit-to-risk ratio. Cervical (neck) manipulation risk has been reported to be one in four million (1:4,000,000).*

ACSM guidelines for exercise testing and prescription, 3rd Edition, July, 1999.

## BILLING QUESTIONS

An Explanation of Benefits (EOB) will be sent to you from your insurance company that is a statement detailing your medical benefits account activity. Help us be a partner with you in getting the most out of your insurance benefits by carefully reading your EOB once you receive it; the information on it helps you understand how your benefits were applied to that particular claim. The EOB will show the amount billed for the service, the amount the insurance allowed for the service, any co-pays, co-insurance and/or deductible applied, and amounts not covered because it was either a provider contractual write-off or a patient responsibility. It should also provide an explanation of any denial, reduction, or any other reason for not providing full reimbursement for the amount billed. If you don't feel the claim was processed correctly, we encourage you to contact your insurance personally so that their customer service can explain why your policy did not allow for reimbursement. As a member, you are entitled to appeal denials and to receive a copy of the criterion relied upon in making the determination to deny your claim. The more pro-active you are with your healthcare, the better chance you have of getting your claims paid accurately with the least amount of out-of-pocket expense to you!

Our billing is processed by Integrity Billing and Consulting, they will be more than happy to assist you with any billing questions you may have. Ginnette at Integrity Billing can also work with you in the appeals process if needed. **If you have any questions relating to your bill or your account balance, Ginnette can be reached at: (503) 582-8188 or [integritybillingconsulting@gmail.com](mailto:integritybillingconsulting@gmail.com).** Please direct any insurance verification inquiries directly to your insurance company and one of their representatives will be able to explain in detail your insurance policy coverage. **All payments should be sent directly to Blyss Chiropractic.**

## PRIVACY POLICY

**Please read this notice carefully as it describes how medical information about you may be used and disclosed and how you can get access to this information.**

*This Notice of Privacy Practices describes how we may use and disclose your **protected health information (PHI)** to carry out treatment, payment and/or health care operations, and for other purposes that are permitted or required by law. It also describes your right to access and control your PHI. “PHI” is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health and/or condition and related health services.*

### **Uses and Disclosures of Protected Health Information**

Your PHI may be used and/or disclosed by your physicians, their office staff, and others, who are involved in your care and treatment for the purpose of providing healthcare services to you, paying your healthcare bills, supporting the operation of the physician’s practice, and any other use required by law.

**Treatment:** We may use or disclose your PHI to a physician or other healthcare provider providing treatment to you to coordinate and/or manage your healthcare and any related services to ensure necessary information is provided to diagnose and/or treat you.

**Payment:** Your PHI will be used, as needed, to obtain payment from your insurance company for healthcare services provided.

**Healthcare Operations:** PHI information may be used to support the business activities of your physician’s practice. These include quality assessment and improvement activities, review of competence or qualifications of healthcare professionals, evaluation of practitioner and provider performance, and training of healthcare service providers.

**As required by law:** PHI information may be used or disclosed to certain entities without your authorization when required by law, including for public health reasons (e.g. disease reporting). In some instances, and in accordance with applicable law, we may be required to disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence, or the possible victim of other crimes.

*Other permitted and required uses and disclosures will be made only with your consent, authorization or opportunity to object unless required by law. You may revoke this authorization in writing at any time, except to the extent that your physician or the physician’s practice has taken an action in reliance on the use or disclosure indicated in the authorization.*

### **Your Rights**

The following is a statement of your rights with respect to your PHI:

**You have the right to inspect and copy your PHI.** Paper copies may be made upon request for a nominal fee; however, under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to a law(s) that prohibits access to PHI.

**You have the right to request a restriction of your PHI.** This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for the notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction and for whom you want the restriction to apply. Please note that your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of our PHI, your PHI will not be restricted. You then have the right to use another healthcare professional.

**You have the right to amendment.** Upon written request explaining the reason, amendments to records can be made. All requests must be approved by the treating physician and will be clearly marked in the files as a patient requested amendment.

**Your PHI will not be released to friends and family unless there is written authorization to do so.**

**You have the right to obtain an accounting of the PHI disclosures we have made.**

**Your PHI will not be used for marketing communications without written authorization.**

**Persons involved in care:** We may use or disclose health information to notify (or assist in the notification of) a family member, your personal representative or another person responsible for your care, of your location and/or general condition, if necessary. If you are able to authorize this contact, you will have the opportunity to do so. We will use our best judgment and professional experience with common practice to make reasonable decisions regarding your best interest in allowing a person to pick up your PHI for you.

### **Our Duties and Rights**

Our duties consist of the following. We must:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect about you through this Notice.
- Abide by the terms of this Notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you have made to communicate health information by alternative means or at alternative locations.

We have the right to:

- Change our Notice of Privacy Practices and the term of this Notice at any time, provided the changes are permitted by law.
- Make the changes in our Notice of Privacy Practices effective for all medical information we keep, including information previously created or received before the changes. (Note: before we make an important change in our privacy practices, we will change this Notice and make the new Notice available upon request.)

## OFFICE POLICY & FINANCIAL AGREEMENT

Welcome to our clinic. The following document covers our office policies, patient responsibilities, and how your medical bills will be handled. **Your signature is required on all forms BEFORE services can be rendered.**

### INSURANCE QUOTES

We accept assignment on most medical insurance plans, auto injury crash cases, and worker's compensation claims. The contract of medical health insurance is between the patient and the insurance company. The patient is responsible for knowing their individual insurance plan coverage. The patient is also responsible for knowing any changes made to their insurance plan by the insurance company or the subscriber's employer. Possession of a medical insurance member ID card is NOT a guarantee of coverage. As a courtesy we will call your insurance company to get a "quote" of benefits. **We cannot guarantee the accuracy of the information provided because a quote is NOT a guarantee of payment from your insurance company.** Payment is subject to the terms and conditions of your policy. It is not our claim; the insurance company is not required to pay the provider. The insurance company's sole legal obligation is to pay the "benefit" to their member.

### INSURANCE INFORMATION AND PATIENT UPDATES

We are happy to provide the service of billing your insurance company on your behalf and will accept payment from them directly, but any monies owed on your account are ultimately your responsibility per our Financial Agreement. The clinic cannot be responsible for disputing or appealing the way your insurance has processed payment on a claim. **It is very important that you provide legible and accurate patient information to the clinic at the time of your first appointment and update us of any changes.** Incomplete or inaccurate information can cause claim processing delay and/or denials. If your insurance company has addressed your claim and we are not paid in full by your insurance company (less any contractual write-offs we are to take with the insurance companies we are contracted with) you will be balanced billed any remaining charges and are required to pay us directly and work out your difficulties with your insurance carrier. *Some reasons why a patient may owe more than an insurance quote are:* misquotes can be given, maximums can be met, policies and coverage can change, certain services involved in your treatment plan may not be covered under your policy, amounts billed may be above your insurance allowable, and deductibles may not be met in full. **We encourage you to verify your own insurance coverage every year to insure you are not left with a bill different from what you are expecting.** We also ask that before your first visit of the year, you notify us of any changes in your insurance and upon your visit give us a copy of any new insurance cards you might have received. We do our best to help you with your insurance benefits and if you are ever balanced billed an amount that you may find difficult to pay at once, please contact us for possible payment arrangements.

### BILLING YOUR INSURANCE CARRIER

As a courtesy to you, we will gladly submit your medical bills to your primary insurance company. All estimated co-pays and supply charges are due on the day of treatment based on the insurance quote we have been given. If your deductible has not been met, you may be asked to pay a percentage of your bill on the day of treatment to prevent accruing a large balance. You will be balance billed any remaining charges after your insurance processes your claim. Insurance policies are a contractual arrangement between an insurance carrier and the insured. **Possession of a medical insurance member ID card is NOT a guarantee of coverage.** We cannot accept responsibility for determining benefits in advance of your treatment or for collecting monies owed on your account from your insurance company.

Final patient responsibility will be determined once your insurance company processes your claim. **Please note that patients receiving ongoing care will continue to get monthly statements as your insurance processes the individual dates of service.** Failure to make prompt payment once you receive a statement may require you to begin paying your estimated co-insurance and deductibles at the time of service.

### **OFFICE POLICY AND PATIENT RESPONSIBILITY**

The responsible party is obligated for payment in full of this account. In the event your private insurance company does not compensate us within sixty (60) days after billing, we must require you to pay us directly and work out your difficulties with your insurance carrier. Any worker's compensation and/ or motor vehicle claims that are denied by the insurance carrier will become due in full once our office receives an official denial of the claim. If you suspend or terminate your care and treatment, fees for professional services rendered will be charged directly to you and are immediately due and payable. In the event of non-payment, the responsible party shall bear the cost of collection and/ or court costs and reasonable legal fees, should this be required.

**There will be an additional charge of \$30.00 for all returned checks (non-sufficient funds).**

**There is a \$50.00 charge for the third missed appointment without 24 hour prior notification.**

### **INSURANCE AUTHORIZATION AND ASSIGNMENT OF BENEFITS**

By signing the signature page, you authorize your insurance benefits to be paid directly to Blyss Chiropractic and any independent contractors associated with Blyss Chiropractic. Independent contractors may include massage therapists, acupuncturists, and/or naturopathic doctors. You authorize the release of any medical information necessary to process this claim. By signing below, **you acknowledge that any quote of benefits that have been given to you by our clinic staff is only a quote, and does not guarantee payment from your insurance company.** In the event that your insurance fails to pay partially, or in full, you are held financially responsible for any and all charges. You understand it is your responsibility to verify your insurance coverage and must direct any questions you may have to your employer and/or insurance company. You attest that you have provided Blyss Chiropractic with any and all insurance coverage information.

### **NON-COVERED SERVICES**

According to existing Medicare law, some of the services in our office are considered "NON-COVERED" and are therefore the responsibility of the patient. Coverage varies depending on the individual's insurance plan. Examples may include manual or mechanical therapies, extremity adjustments, maintenance/wellness care, and supplies/vitamins.

### **TIME OF SERVICE DISCOUNT**

For patients who do not have insurance coverage or do not wish to utilize existing coverage, we offer a 20% discount for payment in full at the time of service of treatment. **To receive this discount you acknowledge that you do not have health insurance or you are choosing not to have your insurance billed for the services you are receiving.** If at any time you provide insurance information to bill for you, within timely insurance filing and policy guidelines, the discount you received will be reversed, and you will be responsible for any additional balances. You may choose to self-submit statements to any insurance company to seek reimbursement at the discounted rate as long as our clinic is not contracted with that insurance company. *Under certain circumstances, payment plans may be available, but the time of service discount will not apply.*