



# Financial Policies

***Welcome to Connect Chiropractic & Wellness, our practitioners and staff are committed to providing you with the best care possible. Please take your time to review the following information then sign and date below.***

## **Insurance Billing**

If you have health insurance, please understand that this is an agreement between you and your insurance company and you are responsible for knowing your benefits. We will be happy to verify your In-Network or Out-of-Network benefits and will assist you in any way that we can. **However, you are ultimately responsible for timely payment for any services that you receive at our facilities.** We will gladly submit claims to your insurance carrier and we also offer Secondary billing. Co-pays and Co-insurance are due at the time of service. In the event of a Motor Vehicle Accident or Worker's Compensation Claim, we will submit your claim(s) to the respective insurer, but you will be responsible for any costs that they do not pay.

## **Private Pay Patients**

As a courtesy, patients may receive a "Paid At Time of Service" discount for any services paid in full at the time of service. This discount will not apply to laboratory tests, medicinary/supplement or retail items. We accept cash, Visa, Master Card and personal checks. Your account must be paid in full at the time of service. If you present a check to Connect Chiropractic & Wellness that is not honored by your Bank, a \$30.00 Non-Sufficient Funds charge will be added to your account per occurrence.

## **Minor Patients**

The adult accompanying a minor and the parent (or guardians) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit card, or payment by cash or check at the time of service. Minor patients must also have a signed consent form by their parent or guardian in order to be treated.

## **Payment and Collections**

Connect Chiropractic & Wellness takes many steps to avoid sending your account to a collection agency. If we have not received payment within 90 days of your statement date your account may be turned over to a collections agency and you will be responsible for all legal fees and court costs involved.

## **Missed appointment / late cancellations**

If you are unable to keep an appointment, you must cancel within 24 hours prior by calling the office at (503)-954-1660. We understand life happens, if you're able to reschedule you will not be charged. If not or late cancellations become repetitive, a \$45 fee will be assessed for patients that do not show up to appointments or fail to give appropriate notice. It is the policy of Connect Chiropractic & Wellness that each patient have a valid credit card on file for these fees. Please be aware that Insurance companies do NOT pay for missed appointment or late cancellation charges and that payment will be your responsibility. Please also remember that keeping scheduled appointments is critical to achieving your treatment goals.

**My signature indicates that I have reviewed, understand and been offered a copy of this policy.**

\_\_\_\_\_  
Patient or Guardians Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



# HIPAA Notice of Privacy Practice and Consent /Written Acknowledgement

I understand that I have certain rights to privacy regarding my protected health insurance portability and accountability act of 1996 (HIPAA). I understand that by signing this consent I authorize Connect Chiropractic & Wellness to use and disclose my protected health information to carry out:

- Treatment (including direct or indirect treatment by other healthcare providers involved in my treatment)
- Obtaining payment from third party payers (i.e. my insurance company)
- The day to day healthcare operation of the practice

I have also been informed of and given the right to review and secure a copy of your Notice of Privacy Practices, which contains a more complete description of the uses and disclosures of my protected health information, and my rights under HIPAA. I understand that Connect Chiropractic & Wellness reserves the right to change the terms of this notice from time to time and that I may contact them at any time to obtain the most current copy of this notice.

I understand that I have the right to request restrictions on how my protected health information is used and disclosed to carry out treatment, payment, and health care operations, but that Connect Chiropractic & Wellness is not required to agree to these requested restrictions. However, if Connect Chiropractic & Wellness does agree, they are then bound to comply with this restriction.

I understand that I may revoke this consent, in writing, at anytime. However, any use or disclosure that occurred prior to the date I revoke this consent is not affected.

Patient's or Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_

***THIS SECTION IS TO BE COMPLETED BY CONNECT CHIROPRACTIC & WELLNESS IF UNABLE TO OBTAIN WRITTEN ACKNOWLEDGEMENT FROM PATIENT***

I made a good faith effort to obtain a written acknowledgment of receipt of the Notice of Privacy Practices from the above names patient, but was unable to because:

- Patient declined to sign the written acknowledgement
- Other (specify): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name and Title of Employee \_\_\_\_\_ Date \_\_\_\_\_  
Connect Chiropractic & Wellness, 3821 NE MLK Jr. Blvd, Portland, OR 97212