

## Informed Consent for Chiropractic Care

Patient Name \_\_\_\_\_ D.O.B \_\_\_\_\_

The primary treatment used by doctors of chiropractic is spinal manipulation. More than likely, we will use that procedure as all or part of your treatment. We use hands on manipulation as well as activator (small instrument) in such a way to move your joints. This may cause an audible "pop" or "click", much like you may have experienced when you "crack" your knuckles. You may feel a sense of movement.

As with any healthcare procedure, there are certain complications which 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. The doctor 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 the doctor's attention it is your responsibility to inform the doctor.

The possibility of fractures are rare occurrences and generally result from some underlying weakness of the bone which we check for during the taking of your history and during the examination and x-ray. Stroke and/or arterial dissection caused by chiropractic manipulation of the neck has been researched and is inconclusive as to a specific incident of this complication occurring. If there is a casual relationship at all, it is extremely rare and remote. Unfortunately, there is not recognized screening procedure to identify patients with neck pain who are at risk of arterial stroke.

### Other treatment options:

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

If you chose 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.

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.

## Late Charges and Collection Fees & non-covered services

Any statement not paid upon within 60 days will be subject to statement charges. For your convenience, we offer financial arrangements that can be made online or within our billing department. Please ask for assistance. In the event of default in payment of any amount due, and if this account is placed in the hands of a collection agency or attorney for collection or legal action, I agree to pay an additional charge equal to the cost of collection including collection agency and attorney fees and court costs incurred.

Not every service we provide is covered by insurance even though it may be a necessary component to treat your condition. IF your doctor thinks you may need one or any of the following, you may be responsible for payment if your insurance will not approve / pay for them:

Acupuncture	Braces and Supports	Spinal Rehabilitation
Laser Therapy	Maintenance Therapy	Nutritional support / Supplements
Extremity treatment	Spinal Decompression	Orthopedic / Neurological Examinations
Tape	Traction Tables	Rockblades / Graston Technique
Ultrasound	Xrays	Spinal Manipulation over 18 visits (Medicaid)

I have read the above information and I am aware of possible risks with and without treatment. By signing below, I have agreed to undergo treatment. Financially, I agree that health and accident insurance policies are an arrangement between my insurance company and me, not between my insurance company and this office. I understand that I am ultimately responsible for payment in full at this office.

*X*

\_\_\_\_\_  
Patient Signature / Parent or Legal Guardian

\_\_\_\_\_  
Date

## Insurance Assignment and Financial Policy

A policy of this office is to extend to our patients the courtesy of assigning your insurance benefits to us. This assignment begins with receiving a copy of your insurance card.

1. We will do our best to verify your insurance coverage.
2. Co-pays and other out-of-pocket expenses are expected prior to insurance submittal.
3. Your out-of-pocket expense balance may not exceed \$100 or services may be postponed.
4. Since this office does not own the insurance policy, we cannot promise that your insurance company will pay for the usual and customary charges of this office, nor will this office enter a dispute with an insurance company over reimbursement. If we experience difficulty collecting from your insurance company, we will ask that you act on your own behalf with your insurance company.

Primary Insurance \_\_\_\_\_ Employer \_\_\_\_\_

Name on Card \_\_\_\_\_ DOB \_\_\_\_\_ Relationship: self spouse child

Second Insurance \_\_\_\_\_ Employer \_\_\_\_\_

Name on Card \_\_\_\_\_ DOB \_\_\_\_\_ Relationship: self spouse child

## No Show Fees

We schedule our appointments so that each patient receives the right amount of time to be seen by our physicians and staff. That's why it is very important that you keep your scheduled appointment with us, and arrive on time.

As a courtesy, and to help patients remember their scheduled appointments Great Lakes sends text message and email reminders in advance of the appointment time. If your schedule changes and you cannot keep your appointment, please contact us so we may reschedule you, and accommodate those patients who are waiting for an appointment. As a courtesy to our office as well as to those patients who are waiting to schedule with the physician, please give us at least 24 hours notice.

If you do not show for your scheduled appointment, we may assess a **\$10.00 "no-show"** service charge to your account. This "no-show charge" is not reimbursable by your insurance company. You will be billed directly for it.

Preferred method of contact: Call Text Email \_\_\_\_\_

## HIPAA

Name: \_\_\_\_\_ was offered/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 options such as quality assessments and accreditation.

Many of our patients allow family member such as their spouse, parents or others to call and request information regarding your condition, procedures, or billing related information. Under the requirements of HIPAA, we are not allowed to give this information to anyone without the patient's consent. If you wish to have your information released, you must authorize and sign this form. You have the right to revoke this consent at any time.

### Other person(s) allowed access to your health information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to you

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to you

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to you