



5734 West 13400 South Suite #200
Herriman, UT 84096
Telephone: 801.446.6220 Fax 801.446.2166

Clinic and Financial Policy (Please Read Very Carefully)

The following is an explanation of our clinic's policies. We believe that a clear definition will allow us both to concentrate on the most important issue: Regaining and maintaining your health. We will be happy to answer any questions you may have regarding our policies, your account or insurance coverage.

No Charge Consultation

Thompson Family Chiropractic will do a special "No Charge" consultation or brief conference with anyone interested in finding out if chiropractic care can help with their individual health problem. There is no charge or obligation in connection with this service. (Consultation is a discussion which can consist of: Current and Past Medical History, and Current Complaint only, this does not include advice, examination, or other "Treatment" recommendations.)

Patient Payment Policy

We feel that the patient's health needs are paramount; therefore, the following payment policy is an attempt to allow you, the patient, to receive the care you need and clear account balances with the least amount of difficulty.

New Patient Services

All payments toward deductible and cash are required at the time of service. Properly documented Worker's Compensation and Auto Accident claims are not required to pay at this time if appropriate forms and liens are signed.

Established Patient Care Services

Patients under care are required to make regular payments on all unpaid balances, except for properly documented Worker's Compensation and Auto Insurance claims. Payments need to be paid on time according to your arrangements. In the event your account becomes over 60 days late, you agree to the following terms: *The undersigned specifically agrees to pay all reasonable attorney's fees and court costs in the event legal action is taken to collect on the account. The undersigned further agrees to pay an additional amount representing fifty (50%) percent of the principle balance if the account is referred to a collection agency or attorney for collection. This additional amount is in recognition of the costs associated with said collection action processing.*

Our Policy on Health Insurance

Today most insurance companies do cover chiropractic care. We will be happy to file your insurance claim for you and do everything we can to make sure you receive proper reimbursement; however, we cannot take responsibility for what your health insurance will or will not cover. In the event your insurance deems your visit or procedure, "not medically necessary" you agree to waive the portion of your agreement with your HMO/PPO and pay for the office visit(s) that day in full or make arrangements to make payments. In the event you begin a treatment plan in which all visits are not covered, you agree to accept financial arrangements.

Appointments

In order to better serve our patients, we ask that you call if you are unable to make your appointment or if you will be late. Your appointment time is reserved for you. If you fail to notify our office, it leaves a time slot open that could be used to help someone else. We understand that emergencies occur, and understand that they cannot be helped. In the event you are late, your slot will be given to someone else and you will be worked in as soon as possible.

Release of Information

I authorize the release of any information concerning my health and health care services to my insurance companies, pre-paid health plan or Medicare.

Assignment of Insurance Benefits and Payment Agreement

I authorize and direct that payment be made directly to: Dr. Wade C. Thompson D.C., or Thompson Family Chiropractic, PC. 5734 W 13400 S Ste 200, Herriman, UT 84096; 801-446-6220.; for any and all insurance benefits or reimbursement for services rendered by him which amounts would otherwise be payable to me under any insurance or pre-paid health care plan. I understand that there is no guarantee that my insurance companies or pre-paid health plan will cover or pay for all of my charges. Notwithstanding denial, reduction of benefits or failure to pay for any reason, I understand that I am responsible for all remaining charges.

Privacy Policy

At Thompson Family Chiropractic we care about your privacy, and we have taken steps to ensure that your personal information is protected. We will only provide information to those whom you have given authorization in writing to do so. If you would like to review in detail our policies on HIPPA we will provide one at your request.

Questions and Answers

Your questions about any aspect of your care or account are invited. Please feel free to ask your doctor or any available staff member. We will make every effort to answer your inquiries.

We look forward to serving you.

I have read the Thompson Family Chiropractic Policies and agree the terms mentioned herein, and will honor them:

Name (Printed)

Signature

Date