

## Financial Policy-Agreement

Let us clarify the financial aspects of your care so we can direct all of our attention to helping you get well. Below is a list of visits most patients come to and the MOST COMMON services. We will individualize what your care will be at each stage.

**MEDICARE** – Medicare **DOES NOT pay** for the required chiropractic **Exam, x-rays, or any therapy.**  
**Medicare usually pays** for the chiropractic Adjustment.

### First Visit

On your first visit, you will meet the doctor to discuss your current health situation and to see if you are a good candidate for chiropractic care. If we accept you as a patient, we will conduct a thorough examination. This helps us identify the likely cause(s) of your problem. Associated fees may include:

- ▶ Initial Physical, Orthopedic, and Neurological exam \$150
- ▶ Necessary X-ray views of the spine \$70-215 (usually averages \$140)
- ▶ Physical therapy (Muscle work \$20, Mobilizing Chair \$5), Training \$20 (each)
- ▶ In-office Lab Testing - \$15-45; used to evaluate Adrenal stress, Free Radical Damage, GI Malabsorption
- ▶ Home care supplies \$15-60 (not common)

### Further Testing Visits or Tests (not common, initially, except w/ **systemic neurological/behavioral**)

Based on your History and Initial Exam Findings, we may recommend other evaluations. Any test or referral is possible, but it will be explained. Our customary fees for this visit include:

- ▶ Follow-up Comprehensive Neurological exam \$150 **additional**  
(This is usually needed when you have undiagnosed (or incompletely diagnosed) nerve disorder.)  
This is not common and will usually be scheduled for another day.
- ▶ Laboratory Fees? (You usu. pay the lab for the test and blood draw. With some lab companies, we will collect this fee to save you extra lab billing fees.)
- ▶ Laboratory Result Interpretation \$55 for basic interpretation and recommendations
- ▶ Extensive Nutritional Consultation & Recommendations \$200 per ½ hour, \$400 per hour –  
evaluation & presentation of results  
– often needed **Initially, After Lab Testing, & at 2-4 month intervals** in Autism, ADHD, M.S., etc.

### Second Visit

At your Report of Findings, we will tell you what we found and if we can help you. We will also review other courses of action and offer you choices. Our customary fees for this visit include:

- ▶ Initial Report of findings \$0.00      ▶ Spinal adjustment (with ongoing spinal evaluation) \$80
- ▶ Therapy (Manual Muscle work \$20, Mobilizing Chair \$5), Training \$20 (each)

### Regular Visit

Your care consists of a series of specific adjustments to add motion to spinal segments that are not moving correctly and restore nervous system integrity. Retraining the spine takes time. Each visit builds on the ones before. Some patients see rapid progress and others find their recovery slower.

- ▶ Spinal adjustment(s) \$80
- ▶ Physical therapy (Muscle work \$20, Mobilizing Chair \$5), Training \$20 (each)

### Progress Examination

We will monitor your progress with periodic exams typically every 9-12 visits. These findings help us direct your care for maximum results & recovery. We may modify your visits based on these results.

- ▶ Re-examination \$85 (Progress report to be given on the following visit)
- ▶ There will be no adjustment on re-exam visits

### Pay as you go/Credit Limit

You will be required to pay as you receive treatment for the services/products you receive. We are not a bank, but we will extend a temporary credit limit of up to **\$300.00**. Outstanding balances greater than this figure must be resolved to continue receiving chiropractic care. This limit may be decreased at any time at our discretion. **You should plan to pay 50%-100% of your first visit charges at time of service.**

**Insurance (Third Parties -**This is anybody involved in payment other than the Dr's office or patient/family.)

If you have health insurance, an HMO, depend on Medicare, were injured on the job, in an automobile accident or some other personal injury, you may have other options.

**The patient receiving our care is responsible for our fees.** All services provided are charged directly to you, and you are personally responsible for payment. **You should plan to pay 50%-100% of your first visit charges at time of service.** Any payment we receive in excess of our charges will be returned to you.

**We are NOT contracted with most insurances. This helps avoid being pressured into compromising your care** by insurance managers. At this time, we still **do bill your insurance for you, in most cases.** (We supply your insurance company with the billing information for your treatment.) So far, this service is worth the extra cost of staff hours/supplies to our patients.

In order to provide time for other patients to be scheduled, give 24-hour notice if you are not able to keep a scheduled appointment or you will be subject to at least a \$25.00 charge, because this time will be reserved for you and insurance cannot be billed for this time.

### Individual Consideration Contract

If there is financial hardship associated with receiving care in our office, payment will be handled in the following manner:

---

---

### Billing

**We rarely bill our patients.** This prevents having to charge you the extra cost of staff hours/supplies. **You simply pay at the time of services** or as otherwise agreed upon, in writing.

Outstanding balances not being paid as agreed upon between you and our office will be often be billed monthly and considered past due 10 days after the invoice date. We will pass along the fee our bank charges us for any returned checks. Balances beyond 30 days will be assessed an additional fee of \$50.00 plus any legal or collection fees and interest.

### Agreement

This is the entire agreement between Synergy Chiropractic and Natural Health, Dr. Jay Hobbs, and the patient below. I have read this agreement, understand what it means, and agree to abide by its provisions. I received a copy of it when I signed it below.

Page 3 of this agreement is only the signature page of the **Financial Policy-Agreement**. You may keep the first two pages for your reference.

**Agreement**

This is the **SIGNATURE PAGE** for the entire **Financial Policy-Agreement** between Synergy Chiropractic and Natural Health, Dr. Jay Hobbs, and the patient below. You have received the most recent version. This policy may change occasionally (usually not more than one time per year) without prior notice, but it is always our intent not to change it in any way that significantly affects you financially. Any updated copies will be available online or in-office.

I have read this agreement, understand what it means, and agree to abide by its provisions. I received a copy of it when I signed below.

Patient or responsible party

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date