

# ABUNDANT HEALTH

## CHIROPRACTIC

### OFFICE GUIDELINES AND POLICIES

Welcome! Please take the time to review the following office guidelines and policies so that we may better serve you.

#### Medical Records

If applicable, please bring copies of your latest laboratory and imaging (x-ray, MRI, CT) reports—no film required—on the day of your initial exam. If your doctor requires an ‘Authorization to Release Records’ please contact our office and we will provide one for you.

#### Fees

Our office does accept medical insurance as an out-of-network provider and we are happy to bill your insurance directly. After contacting your insurance company we can give you the specifics of what portion of your bill will be paid by your insurance company and what portion will need to be paid directly by you. Please note that Dr. Erica is not a member of any HMO plans.

Another option for you is to pay for each visit at the time services are rendered. If you select this option we will provide you with a receipt and a completed insurance claim form that you can submit to your insurance company to seek reimbursement. By doing this we can offer you a substantially discounted rate (as much as 50% off our normal fees) because we do not have to handle the overhead of insurance billing. In addition to our discount up front, your insurance company may reimburse you for some or all of your out-of-pocket expenses (contact your insurance company for details specific to your policy). If you choose to pay at the time of service (eligible for discount) our average fees for an initial evaluation (ranging from 45-90 minutes with the doctor) range from \$50 to \$80. Follow-up visits are billed per the fee schedule below.

We do accept Medicare as a Non-Participating Physician. This means that we collect the full amount of your visit charges at the time of service and then send in your Medicare billing for you. Medicare may then send a reimbursement check directly to you.

Description	Insurance	Medicare	Time of	Home Visit
Adjustment, spinal 1-2 regions	\$40		\$20	\$40
Adjustment, spinal 3-4 regions	\$50		\$25	\$50
Adjustment, extra-spinal	\$20	n/a	\$0	\$10
Taping/bracing	\$10	n/a	\$5	\$10
Manual therapies (ART)	\$20	n/a	\$5	\$10

#### Home Visits

Dr. Erica offers to women or children the opportunity to get chiropractic treatment in their home. The additional cost is only to cover time and travel expenses.

#### Return Policy

Un-opened/un-used products (supplements and/or orthopedic supports/supplies) that are returned within 30 days will be given full refund. All supplement returns must be unopened. No refunds are offered on services rendered.

#### No Show and Cancellation Policy

Dr. Erica is committed to offering the best service to as many people who need her services, and she commits the best resources available to your appointment. Therefore, we require that you do not make a cancellation on the same day as your appointment. No-shows or cancellations on the day of your appointment will be billed \$10. Our office will make every attempt to remind you of your appointment, but it is ultimately your responsibility to remember.

Patient Name: \_\_\_\_\_

**Release of Information** (all patients must sign this section)

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

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Payment Agreement** (all patients must sign this section)

If you have no chiropractic insurance coverage, all fees are due at the time the services are rendered. For your convenience, we accept cash, checks, Mastercard and Visa.

If you have chiropractic insurance, we are interested in you receiving the maximum benefits. As an added service to you, our office will process your insurance claim for you. However, please be advised:

1. Your insurance policy is a legal contract between you, your employer, and the insurance company. We, as healthcare providers, are NOT a party to that contract.
2. Dr. Erica is not a member of any HMO, PPO, or other provider networks. Therefore, any coverage you may have for services provided in this office will be deemed "out of network coverage" by your insurance company.
3. Many insurance companies will advise you that your coverage will be a percentage, e.g. 80% of treatment charges, usually after a yearly deductible amount has been paid by you directly to us. What is often not specified by the insurance company are plan fee schedules, annual maximums, and other limitations that will have a direct bearing on the reimbursement allowed.
4. Any insurance balance unpaid after 90 days becomes your responsibility. You remain ultimately responsible for all charges incurred in this office.
5. Appointments missed, or same day cancellations will be charged the specified fee.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Assignment of Insurance Benefits** (please sign this section if you want our office to bill your insurance directly)

I authorize and direct that payment be made directly to:

Dr. Erica Blankenbehler - Abundant Health Chiropractic, 991 Lincoln Way Ste #4, Auburn, CA 95603

for any insurance benefits or reimbursements for services rendered by her which amounts would otherwise be payable to me under any insurance or pre-paid health care plan.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**INFORMED CONSENT**

I, the undersigned have voluntarily requested that Dr. Erica Blankenbehler assist me in the management of my health concerns. I have understood and agree to all policies and terms provided in the Office Policies and Procedures. I understand that Dr. Erica is a chiropractor and that her services are not to be construed or serve as a substitute for standard medical care. Dr. Erica recommends that I undergo regular routine medical check-up by my medical doctor. Medical doctors, doctors of chiropractic, osteopaths, and physical therapists who perform manipulation are required by law to obtain your informed consent before starting treatment.

I \_\_\_\_\_, do hereby give my consent to the performance of conservative noninvasive treatment to the joint and soft tissues. I understand that the procedures may consist of manipulative/adjustment involving the movement of the joints and soft tissues. Physical therapy, home exercises, and nutritional supplements/dietary recommendations may also be used.

- Routine chiropractic examination and treatment involve some of the following methods:
- Observation: General assessment/appraisal in all postures.

- Inspection: Viewing/looking at your body. Visualization includes general body viewing in a standing position, front, back and side.
- Auscultation: Using a stethoscope to listen for blood pressure and other body sounds
- Palpation: This means the doctor will touch you. The doctor will feel for tenderness, heat, swelling, nodularity, laxity/integrity of tissues, and other abnormalities.
- Percussion: Using a hammer and tapping on bones or tendons
- Orthopedic/neurologic testing: These are standard tests to assess your neuromusculoskeletal systems.

Although spinal manipulation/adjustment is considered to be one of the safest, most effective forms of therapy for musculoskeletal problems, I am aware that there are possible risks and complications associated with these procedures as follows:

### **Risks from Treatment**

Soreness: I am aware that like exercise, it is common to experience muscle soreness in the first few treatments.

Dizziness: Temporary symptoms like dizziness and nausea can occur but are relatively rare.

Fractures/Joint injury: I further understand that in isolated cases underlying physical defects, deformities, or pathologies like weak bones from osteoporosis may render the patient susceptible to injury. When osteoporosis, degenerative disk, or other abnormality is detected, this office will proceed with extra caution.

Stroke: Although strokes happen occasionally in our world, strokes from chiropractic treatment are rare. I am aware that nerve or brain damage including stroke is reported to occur once in one million to once in ten million treatments. Once in a million is about the chance of getting hit by lightning. Once in ten million is about the same chance as a normal dose of aspirin or Tylenol causing death.

Physical Therapy Burns: Some of the therapies used in this office generate heat and may rarely cause a burn. Despite precautions, if a burn occurs, there will be a temporary increase of pain and possible blistering. This should be reported to the doctor.

A thorough health history and tests will be performed on me to minimize the risk of any complication from treatment and I freely assume these risks.

### **Treatment Results**

I also understand that there are beneficial effects associated with these treatment procedures including decreased pain, improved mobility and function, and reduced muscle spasm. However, I appreciate is no certainty that I will achieve these benefits as no guarantee has been made to me regarding the outcome of these procedures. I agree to the performance of these procedures by my doctor and other such person of the doctor's choosing.

### **Alternative Treatments Available**

There are reasonable alternatives to these procedures including rest, home applications of therapy, prescription or over-the-counter medications, exercises and possible surgery. Medication can be used to reduce pain or inflammation. I am aware that long-term use or overuse of medication is always a cause for concern. Drugs may mask pathology, produce inadequate or short-term relief, undesirable side-effects, physical or psychological dependence, and may have to be continued indefinitely. I understand that simple rest is not likely to reverse pathology, although it may temporarily reduce inflammation and pain. The same is true of ice, heat, or other home therapy. I understand Surgery may be necessary for condition such as joint instability or serious disk rupture, among others. Surgical risks may include unsuccessful outcome, complications, pain or reaction to anesthesia, and prolonged recovery. I understand the potential risks of refusing or neglecting care may include increased pain, scar/adhesion formation, restricted motion, possible nerve damage, increased inflammation, and worsening pathology.

I have read or have had read to me the above explanation of chiropractic treatment. The doctor has also asked me if I want a more detailed explanation; but I am satisfied with the explanation and do not want any further information. I have made my decision voluntarily and freely.

Signature of patient: \_\_\_\_\_

Date: \_\_\_\_\_

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Dr. Erica Blankenbehler dba Abundant Health Chiropractic is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

### **Disclosure of Your Health Care Information**

**Treatment:** We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or health care operations. (Example)

*"It is our policy to provide a substitute healthcare provider, authorized by Dr. Erica Blankenbehler dba Abundant Health Chiropractic to provide assessment and/or treatment to our patients, without advanced notice, in the event of your primary healthcare provider's absence due to vacation, sickness, or other emergency situation."*

**Worker's Compensation:** We may disclose health information as necessary to comply with State Workers' Compensation Laws.

**Emergencies:** We may disclose health information to notify or assist in notifying a family member, or other person responsible for your care about your medical condition or in the event of emergency or of your death.

**Public Health:** As required by law, we may disclose health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

**Judicial and Administrative Proceedings:** We may disclose your health information in the course of any administrative or judicial proceeding.

**Law Enforcement:** We may disclose your health information to law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

**Deceased Persons:** We may disclose your health information to coroners or medical examiners.

**Public Safety:** It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat or safety of a particular person or to the general public.

**Specialized Government Agencies:** We may disclose health information for military, national security, prisoner and government benefit purposes.

**Marketing:** We may contact you for marketing purposes as described below:

As a courtesy to our patients, it is our policy to call your home on the evening prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this reporting or message other than the date and time of your scheduled appointment along with a request to call our office if your need to cancel or reschedule your appointment.

As a service to our patients, it is our policy to occasionally send a health newsletter or a flyer regarding upcoming health classes offered on our premises. It is not our policy to disclose any health information about your condition for the purposes of these marketing mailings. Occasionally we will send birthday or holiday greetings or health reminders to our patients. It is not our policy to disclose any health information about your condition in these mailings..

**Your Health Information Rights**

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Dr. Erica Blankenbehler dba Abundant Health Chiropractic is not required to agree to the restriction you requested.
- You have the right to inspect and copy health information
- You have the right to request that Dr. Erica Blankenbehler dba Abundant Health Chiropractic amend your protected health information. Please be advised, however, that Dr. Erica Blankenbehler dba Abundant Health Chiropractic is not required to agree to amend your protected health information.
- You have a right to receive an accounting of disclosures of your protected health information made by Dr. Erica Blankenbehler dba Abundant Health Chiropractic.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

**Changes to this Notice of Privacy Practices**

Dr. Erica Blankenbehler dba Abundant Health Chiropractic reserves the right to amend this Notice of Privacy Practice at any time, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Dr. Erica Blankenbehler dba Abundant Health Chiropractic is required by law to comply with this Notice.

Dr. Erica Blankenbehler dba Abundant Health Chiropractic is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, please contact: Dr. Erica Blankenbehler by calling her at (530) 613-0886. If Dr. Erica is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

**Complaints**

Complaints about your Privacy Rights, or how Dr. Erica Blankenbehler dba Abundant Health Chiropractic has handled your health information should be directed to Dr. Erica by calling her at (530) 613-0886. If Dr. Erica is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide Dr. Erica Blankenbehler dba Abundant Health Chiropractic with my authorization and consent to use and disclose my protected health information for the purpose of treatment, payment and health care operations as described in the Privacy Notice

\_\_\_\_\_  
Patient's Name (print)

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date