



## **MEMBERSHIP AGREEMENT**

The purpose of this agreement is to outline our office policies so that we can serve you better and you can achieve the best results in the shortest amount of time. It is our experience that those who follow these policies do in fact get optimal results!

### **SIGNING IN**

When you arrive, please sign in. You will be given your travel card and assigned an adjusting room based on your appointment time. Please proceed to the assigned room number, hang the travel card on the hook just outside the room and begin the visit as instructed.

### **NEW MEMBER ORIENTATION**

Every patient is expected to attend orientation. In this class will explain how the body functions, how Chiropractic works and how results are produced. There is no charge for this class and family and friends are always welcome. It is important to attend orientation as soon as possible after starting treatment in order to gain a better understanding of Chiropractic and how to obtain the best possible results.

### **SCHEDULES**

Your treatment plan will require you make and keep a specific schedule of adjustments, personally tailored for your needs. It is critical that you adhere to your recommended schedule in order to correct your spine and enhance your overall health! Any deviations from the schedule could result in a longer treatment plan or less than ideal results. If an emergency arises and you have to reschedule an appointment, please do so quickly so that your treatment plan is not interrupted and we can accommodate both you and other patient.

Some patients are required to make a significant commitment of time in order to receive the care needed to properly align the spine and increase the quality of life. If you are not ready or able to make the necessary commitment, then do not waste your time and money now; plan to have your spine corrected at a later date.

**SCHEDULE YOUR LIFE AROUND YOUR HEALTH, NOT YOUR HEALTH AROUND YOUR LIFE!**

### **APPOINTMENT TIMES**

In an effort to reduce the amount of time you need to be in our office, we will set specific appointment times for your adjustments. Please be prompt to all appointments as the doctor has set aside this time specifically for you. If you're late, we will fit you in as quickly as possible, but you may have a slight wait. We value your time and do want to get you adjusted quickly and about your day. If you wish to sit down and talk to the doctor about your case, please let our front desk know and we can allot more time for you at no additional charge.

### **PAYMENTS**

We expect you to honor your financial agreement with this office. In order to serve you better, please make all payments at the front desk before your adjustment. Upon being released from care, settlement of your account is expected within three months. If a payment agreement



has not been established within 3 months, or if you have suspended or terminated your care without your doctor's approval, payment for services is due immediately.

**COMMUNICATION**

We are here to serve you! Patient communication and feedback is important to us. It helps us improve our processes and make your treatment more efficient and effective. Please communicate directly with your Doctor any situation that you feel needs attention (i.e. waiting times, customer service, care plans, adjustments, etc.). Your criticism or praise will help us to help you as well as other patients.

**CASH PAYMENT POLICY**

We request that 100% of the first visit be paid at the time of service. For your convenience, future payments may be made at the first visit of each week. We accept Visa, MasterCard, Discover, and American Express. We also have Care Credit which offers additional payment options.

**MAJOR MEDICAL /GROUP INSURANCE**

We want to help you get the most benefits out of your insurance coverage. In order to facilitate this, please complete the information regarding your insurance policy and make sure the front desk gets a copy of your insurance card.

You will be expected to make a payment towards your services on your first visit and forward any checks sent by the insurance company to your home to our office within three days.

**AUTO ACCIDENT/PERSONAL INJURY**

You are usually covered 100% for these injuries. You are also responsible for reporting your accident to the insurance company and insurance agent. You are also responsible for obtaining the Personal Injury Protection Forms and an address where we should send statements of care to from your insurance company.

**WORKER'S COMPENSATION**

If your care is related to an on the job injury, you must report your injury to your supervisor and make sure a claim has been initiated before you receive care at our office. Also, you must request that your employer notify his/her insurance company that you are under care at our office and that the Employer's First Report of Injury has been completed and sent to the Workers Compensation Insurance Company.

**MEDICARE**

Medicare will cover 80% of each of your visits after your deductible is met. Medicare does not pay for examinations or x-rays. However, Medicare does require that you have x-rays taken once per year to continue coverage for chiropractic visits.

I, (PRINT NAME) \_\_\_\_\_, understand the above policies and agree to abide by them.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE