

NOB HILL CHIROPRACTIC  
201 Dartmouth Dr. SE  
Albuquerque, NM 87106  
(505)265-9656

It is very important that you read and acknowledge our Policies and Procedures in full

Patient signature is required below

## Policy and Procedure

**Topic:** PAYMENT- Insurance

**Policy:** Co-payments will be collected at the time of service. Professional fees, service fees, co-payments, and deductibles are not refundable. There will be a \$35 fee for all returned checks. As a patient, it is your responsibility to know your insurance benefits and provide our office with accurate and current insurance information. If your insurance requires a referral, it is your responsibility to obtain that referral from your primary care physician. If the referral is not ready and you arrive for your appointment, you have the option to reschedule the appointment or pay for the service in full. You are considered a self-pay patient until you bring in your insurance card and we have agreed to the terms and coverage of your benefits. If we do not accept your insurance, we will be happy to provide you with a "Super bill" so that you can apply the chiropractic benefits as a member.

**Procedure:** We will bill your insurance company if we are in-network providers, however you are ultimately liable for any fees and costs not covered or paid by your insurance.

**Date to be implemented:** When appropriate documentation is provided.

**Follow up needed:** You must inform the front desk if any of these benefits are exhausted or if your insurance status changes. If we do not receive all pertinent information ahead of time and a claim is denied or not paid within 60 days of submission, for whatever reason, you agree to take an active part in the recovery of that claim and help us resolve the issue, especially if it requires additional information from your end.

I understand that while my insurance may confirm my benefits, confirmation of benefits is not a guarantee of coverage. Coverage is determined upon receipt of a claim.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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### Topic: PATIENT AGREEMENT

**Policy:** If you are unable to keep your appointment, we ask that you give adequate notice or at least 24 hours when possible, or prior to appointment time on the same day in an emergency, so that we may open your reserved time for another patient. If you miss two appointments without prior cancellation, you will be required to pay the \$35 deposit and any balance on your account before you can schedule any further appointments. When the appointment is kept, this fee will be applied towards your next visit fee. If the appointment is missed without prior notice of cancellation, the deposit becomes non-refundable

**Policy:** Redo appointments, at no cost, will not be performed unless it is done on the same day. Redo appointments will be an adjustment only, with no modalities. If you would like hot packs or anything else, you will be charged, and you agree to these charges.

**Policy:** If your using insurance and your co-pay is higher than our self-pay rate, you will pay the self-pay rate in place of the co-pay amount and we will still process the claim. If you have a large deductible, we will charge the self-pay rate (under the right qualifications) until your deductible is met.

### Procedure:

**Date to be implemented:** When appropriate documentation is provided.

**Follow up needed:** Patient must inform the front desk if any of any changes to their account.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date