

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- Self Pay

Policy: Payment is due in full for all services and products at the time the service is performed. As a patient/guarantor, you are financially responsible for any fees and costs associated with any services or products you receive from this office. This includes any medical services or visit, routine examination, testing, orthopedic and supplementation supply, modality applied, and any other services performed or ordered by the doctor. If a balance goes unpaid for 90 days your account will be turned over to collections, where a collection fee of \$100 will be added and a 2% interest rate per month will accrue until the balance is paid 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: Once a service is performed it will be documented, but not necessarily billed since we will not be submitting charges to an insurance entity. Therefore, the service prices will remain the same as the quoted price on your first visit. If you qualify for a discount, it will be discussed and agreed upon by both parties in advance. An assignment of benefits for non-covered services or Professional Courtesy form must be signed and you must provide a copy of your student ID, teacher certification document, military ID, or professional business card, to qualify you for a discount. If there is any balance over the discounted price provided, it will be a write off showing a zero balance after payment is received.

Date to be implemented: When appropriate documentation is provided.

Follow up needed: Patient must inform the front desk if any of these benefits are exhausted or if their status changes.

Patient Name

Date

Witness

Date

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Policy and Procedure

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