



# **MESSINA FAMILY CHIROPRACTIC**

Dr. Chad Messina

*The following are the policies adhered to at Messina Family Chiropractic. Please read through all of them and be sure to ask any questions you may have prior to signing and undergoing care.*

### **Privacy Notice Acknowledgment**

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPPA), we are required to supply you with a copy of our privacy policies and procedures. We encourage you to read this document carefully since it outlines the use and limitations of the disclosure of your health information and your rights as a patient. I acknowledge that I have received a copy of Dr. Chad Messina's Privacy Practices for Protected Health Information.

### **Financial Policy**

It is your responsibility to pay for your chiropractic care. If you have insurance, you should find out prior to care if chiropractic is covered under your specific policy. It is also your responsibility for knowing the number of visits that you are granted through your policy. You are responsible for monies not covered by your insurance.

### **Risks of Chiropractic Care**

As with any healthcare procedure, there are certain complications which may arise during a chiropractic adjustment. The most frequent complication involves stiffness or soreness following the first few days of treatment, much less frequently are injuries to discs, spinal nerves or arteries.

### **Assignment of Benefits and Authorization to Release Information**

I authorize and direct my insurance company to forward payment directly to Messina Family Chiropractic. I agree to sign over to Messina Family Chiropractic any and all monies that I receive from my insurance company as payment of services that I have received or purchased from Messina Family Chiropractic. I understand that Messina Family Chiropractic will submit bills for me and if I am paid by my insurance company I will forward and sign over all monies to Messina Family Chiropractic. I also authorize any holder of medical information about me to release to Messina Family Chiropractic any information necessary to determine benefits and payments. I also authorize Messina Family Chiropractic to release information to my insurance company.

### **Cancellation Policy**

This is a professional office and you will be treated with the utmost respect while you are at Messina Family Chiropractic. We also would appreciate the same respect by notifying us if you will be unable to make your appointment. We reserve the right to access a \$45 fee to your account for appointments that are cancelled within 24 hours of your scheduled appointment time.

**Do not sign until you have read and understand all of the above statements.**

I agree with all of the above policies. \_\_\_\_\_.

PRINT PATIENT NAME

Signature. \_\_\_\_\_ Date. \_\_/\_\_/\_\_

Print Parent/Guardian. \_\_\_\_\_ Sign Parent/Guardian. \_\_\_\_\_

Date. \_\_\_\_\_