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VAUGHN CHIROPRACTIC

Vaughn Dr. Ronda Marshall
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Consent for Purposes of Treatment, Payment & Healthcare Operations

I acknowledge that Vaughn Chiropractic s Notice of Privacy Practices has been provided to me.

I understand that I have a right to review Vaughn Chiropractic s Notice of Privacy Policies prior to signing this document. Vaughn Chiropractic s Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses & disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Vaughn Chiropractic. This Notice of Privacy Practices also describes my rights & Vaughn Chiropractic s duties with respect to my protected health information. This Notice of Privacy Practices for Vaughn Chiropractic is provided on request at the main administration desk of this office.

Vaughn Chiropractic reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Date

Description of Personal Representative

FINANCIAL POLICIES

1. It is the policy of this office that all services rendered are charged directly to you, the patient and that ultimately, the patient is responsible for all services, including those not reimbursed by third party payers.
2. All payments are expected at the time of service. Patient balances may not exceed \$100.00 at any time.
3. All insurance patients must pay their deductible in full, and the co-payment at the time of service. Insurance patients balances must not exceed \$200.00 at any time.
4. Returned checks and balances over 30 days may be subject to additional collection fees and interest charges of \$7.00 per month. Charges may also be made for missed appointments and those cancelled without 24 hour notice.

The privilege of insurance assignment begins when our office receives all of your insurance forms. All deductible payments MUST be made prior to your insurance submittal. You are considered to be a CASH patient until our office qualifies your coverage. We can not be held responsible for any misinformation that an insurance company gives us while trying to qualify your coverage. Your insurance contract is between you and your insurance company. This office does not promise that an insurance company will reimburse you for the usual and customary charges submitted by this office, nor will we enter a dispute with an insurance company over the amount of reimbursement.

Signature of Patient or Personal Representative

Date