Welcome to Better Health Chiropractic

New Patient Questionnaire (Please **PRINT CLEARLY**)

Name: _____ Gender: Male _____ Female _____ Non-Binary _____

Date of Birth: _____ SS#: (Required to bill insurance) _____

Address:_____ City:_____ State:_____ Zip:_____

Phone# (_____)_____ What type of number is this: CELL PHONE _____ LANDLINE _____

If this is a cell phone, would you like to receive appointment reminder text messages? YES NO

Marital Status: S M D W Spouse Name:_____

Employer Name:_____Occupation:_____

Insurance Company:_____ Policy Holder's Name:_____

Who is responsible for your bill? Self___ Spouse___ Employer___ Insurance___ Other___

How will payment be made? Cash___ Check___ Credit Card___ Worker's Compensation___
Health Insurance___ Automobile Ins. Policy___

Email address_____ Would you like our newsletter by email? YES NO

How did you hear about our office?

Phone Book Doctor Referral Sign Internet Radio Staff Patient Referral (Please provide

patient name, they get a FREE adjustment for referring you!) _____

Emergency contact _____ Relationship_____ Phone# _____

Name of Medical Doctor _____

Have you had spinal x-rays taken anywhere in the last year? YES NO

If so, where? _____

- **FEES ARE PAYABLE AT THE TIME X–RAYS, EXAMINATIONS, AND TREATMENTS ARE RECEIVED UNLESS OTHER ARRANGEMENTS ARE MADE IN ADVANCE.**
- **X-RAYS REMAIN THE PROPERTY OF THIS CLINIC.**
- **I HEREBY GIVE PERMISSION FOR TREATMENT.**

_____ _____

Patient/Parent or Guardian Signature Date

PROMISE TO PAY FOR HEALTH CARE GOODS AND SERVICES AND GRANT OF SECURITY INTEREST IN HEALTH CARE INSURANCE RECEIVABLES, ACCOUNTS, PROCEEDS AND RELATED DEPOSIT ACCCOUNTS

In consideration of the health care goods, services, care and treatment provided to the patient, the undersigned, whether signing as patient or responsible person, agrees to pay Better Health Chiropractic on demand all charges for goods and services provided in accordance with its regular rates on the dates provided not covered by insurance. To secure payment of all amounts due Better Health Chiropractic for health care goods, services, care and treatment provided to the patient, the undersigned, whether signing as patient or responsible person, hereby grants to Better Health Chiropractic a security interest in and lien upon all health care insurance receivables, accounts, and any other insurance benefits or payments to which the undersigned or patient is entitled or receives, together with the deposit accounts into which the cash proceeds from such receivables, accounts, benefits or payments are deposited when paid, which relate to or arise from the condition or incident for which the patient seeks treatment.

_____ _____

Patient/Parent or Guardian Signature Date

DIRECTION TO PAY INSURANCE BENEFITS DIRECTLY TO BETTER HEALTH CHIROPRACTIC AND ASSIGNMENT OF INSURANCE BENEFITS

The undersigned, whether signing as patient or responsible person, understands and agrees that the undersigned is responsible to Better Health Chiropractic for any remaining balance in accordance with its regular rates on the dates provided not covered by insurance. The undersigned promises to pay to Better Health Chiropractic any and all health care, medical and other insurance benefits which the undersigned or patient receives which relate to or arise from the health care which the patient receives from Better Health Chiropractic. The undersigned hereby assigns to Better Health Chiropractic any and all health care, medical and other insurance benefits payable from any source or policy of insurance (including, but not limited to, health insurance such as Medicare, Medicaid, or Blue Cross & Blue Shield, worker's compensation insurance, automobile insurance, accident or general liability insurance, and all others) insuring the patient or any other person responsible for the patient's care or the patient's health problems, injury or symptoms, with such benefits to be paid directly to Better Health Chiropractic to be applied to the charges for goods and services provided to the patient. The undersigned authorizes the release of any health care, medical or other information necessary to process the insurance claim. This shall serve as a long-term authorization card. This agreement, authorization and assignment shall apply to all health care goods, services, care and treatment provided by Better Health Chiropractic to the patient until it is revoked in writing.

_____ _____

Patient/Parent or Guardian Signature Date

Better Health Chiropractic
1955 LaPorte Road
Waterloo, IA 50702

FORM: NOTICE OF PRIVACY PRACTICE SUMMARY

This summary discloses how health information about may be use. A full notice of your privacy rights has also been provided to you.

Better Health Chiropractic, Inc. uses health information about you for treatment, and to obtain payment for treatment with your authorization as required by the state of Iowa, for administrative purposes, and to evaluate the quality of care that you receive.

Better Health Chiropractic, Inc. will not disclose your information to others unless you tell us to do, or unless the law authorizes or requires us to do so.

Better Health Chiropractic, Inc. may use your information to provide appointment reminders, information about treatment alternatives or other health-related issues; we may mail you reminder postcards, birthday postcards, and newsletters.

Better Health Chiropractic, Inc. may disclose your information for public health activities, research, and health and safety governmental function in order to comply with workers compensation laws and regulations. You as the patient have a right to: request, restriction of the uses and disclosures of your health records, review and retain a copy of your health record, request communication of your information by alternative means at alternative locations, revoke your authorizations and request an accounting of your disclosures of your health records.

You may complain to the Privacy Officer Lisa McKinstry and to the Department of Health & Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Better Health Chiropractic, Inc must maintain the privacy of protected health information, provide you with notice of its legal duties and privacy practices with respect to your health information, abide by the terms of the notice, and notify you if it was unable to agree to the requested restriction on how your information is used to disclosed, accommodate reasonable requests you may make to your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

If you have any questions or complaints, please contact Lisa McKinstry at (319)232-2166.

_____ _____

Patient/Parent or Guardian Signature Date

PRINTED NAME _____DATE_____

In compliance with federal and state consumer protection and informed consent laws, we present the following basic outline of usual and customary procedures and fees:

Detailed Initial Examination	30.00-65.00	Adjustment (1-2 areas)	46.00
Basic Re-examination	45.00	Adjustment (3-4 areas)	48.00
X-Ray (if necessary)	65.00-75.00	Adjustment (5-6 areas)	50.00
Therapy (if necessary)	21.00	Extremity Adjustment	25.00
Acupuncture	5.00		

IF NO INSURANCE: Payment is due when services are rendered. We do offer a same day pay reduced price for patients with no insurance. We gladly accept Master Card, Visa or Discover.

IT IS YOUR RESPONSIBILTY TO KNOW YOUR INSURANCE BENEFITS. WE WILL FILE ALL NECESSARY PAPERWORK FOR YOUR INSURANCE; HOWEVER, YOUR INSURANCE IS YOUR RESPONSIBILTY.

INSURANCE: Please pay 20% (or your coinsurance/copay) of your charges at your visit. Any procedures not covered by your insurance will have to be paid by you at the time of service. If you fail to keep your scheduled appointments or if you discontinue care for any reason other than discharge by the doctor, the bill is due and payable in full immediately, regardless of any insurance submitted.

BLUE CROSS BLUE SHIELD: Better Health Chiropractic is recognized as a participating provider of Blue Cross Blue Shield. You are responsible for any charges not covered by BCBS, copays, coinsurance, and deductibles. Any services BCBS declares "not medically necessary," you will be responsible for payment for these services.

ASSIGNMENT OF RIGHT TO PAYMENT/LIEN AGAINST BENEFITS: I hereby authorize Better Health Chiropractic to file my claim. I assign to them my right to receive any and all payments or recoveries for any insurance company, attorney, or third party for professional services rendered by Better Health Chiropractic. I convey a lien against any funds and authorize and direct any third party to withhold sums for any benefits, judgments, verdict, settlements, or recoveries, and to adequately protect and to make payment for these services directly to Better Health Chiropractic pursuant to this assignment and lien.

ASSIGNMENT OF CAUSE OF ACTION: In the event that any insurance company or third party obligated to make payment to me or Better Health Chiropractic for the charges made for services, refuses to make such payment upon demand, I hereby assign, transfer, and convey to Better Health Chiropractic any and all cause of action that might exist in my favor against any such company or person. I authorize Better Health Chiropractic to prosecute said action in my name or their name to collect fees due for care rendered and legal expenses and resolve said claims as they see fit.

I hereby give permission to the doctor to release my information requested by my insurance company acquired in the course of my examination and treatment.
I hereby authorize and direct my insurance benefits to be paid directly to the doctor.
I am financially accountable for non-covered services.
I hereby give permission to the doctor to administer treatment and perform such general procedures as he may deem necessary in the diagnosis and/or treatment of my condition.

PAYMENT IS EXPECTED AND DUE WHEN SERVICES ARE RENDERED UNLESS OTHER ARRANGEMENTS ARE MADE IN ADVANCE.

I HAVE READ AND AGREE TO THE ABOVE STATEMENTS:

_____ _____

Patient/Parent or Guardian Signature Date