

Office Policies Evans Chiropractic LLC.

Our mission: To serve and empower individuals and families in overall wellness, to achieve optimal health and healing, by providing: Holistic Chiropractic Care and Functional Medicine...

Preferred Hours: In order to provide the service, you need as conveniently, safely and rapidly as possible, we ask that have an appointment before entering, however they are not necessary **on Monday, Wednesday, Friday:** 9:00-12:00 pm, 2:30-6:00 pm. **Tuesday 9:00 – 2:00 by appointment only.** If you send new patients our way, we thank you in advance and please have them call the office for an appointment.

Children and Families: Once you understand that the nervous system controls and coordinates all functions of the body, and subluxation interferes with the nerve flow, we encourage that you would want everyone in your family checked. Our family plan is effective if an adult comes in for a visit and a child accompanies the adult on the same visit. Newborns to 1 year old, no charge. One year until high school max \$25 per visit. High School through College max \$45 per visit. Once graduation from college or university they will be charged at regular adult fees.

Active Military: We offer a discount to all active military members = \$55 for the first visit and \$40 per visit thereafter if there is no insurance re-imbusement.

Insurance: that covers chiropractic care; we will bill your insurance directly. This it is not a guarantee of payment by your insurance company. You are ultimately responsible for any fees not paid by your insurance company including your deductible! **All deductibles are collected up front at \$125 for the first visit then \$55 per subsequent visit. As soon as your deductible is met your regular co-payment will apply.**

Medicare: Medicare will allow up to 24 visits per diagnosis with limitations of Adjustment codes only. Any other services are at the cost of the patient or may be covered by a secondary insurance if you have one. Medicare does not pay for wellness or supportive care so you are responsible for any visits over 24 unless you have a new condition or exacerbation that Medicare may pay for. Your responsibility will be at \$40 per visit for maintenance care.

Wellness: Most insurance companies have limitation clauses of a Maximum number of visits or a maximum dollar amount they will pay for chiropractic services. In addition, they will not reimburse for maintenance, wellness and long-term care even though research shows it is highly beneficial to your health. Therefore; you will be responsible for any such payments at **\$40/visit**

Personal Injury: According to NJ Statutes all care must be pre-certified through your personal auto insurance before care is rendered. If at any time your auto insurance does not cover or if a deductible and co-pay apply, your regular health insurance will be billed. *You are responsible for any charges not covered after your auto-insurance and your regular health insurance payments are exhausted.*

Discouragement: This is not a contract of insurance, nor is it intended to be insurance itself. It is not the intent in our office to diagnose, treat, cure, or give any advice regarding any physical, mental, or emotional ailments other than the detection and correction of vertebral subluxations. I consent to Chiropractic treatment with Dr. Evan

HIPAA LAW #101-191 CONSENT

This office is HIPAA compliant. Your records are kept in the strictest confidence; however, it may be necessary to disclose information to another health care provider as well as to other third-party payers if they are responsible for payment of your services. It may be necessary to use or disclose information within our practice for quality control and operational purposes. (i.e.: appointment reminders at home or work, leaving messages on answering machine, leaving messages with a person, testimonials of your improvement in written or verbal form, family picture boards, sending you newsletters, and sending you thank you gifts as well as open adjusting areas). You have the right to request a more detailed "Notice of Privacy for Private Health Information" upon request at any time during your care. If any changes occur in reference to our privacy practices you will be notified by posting of the change in the office. By signing below, you accept and give us permission to disclose this information. You have the right to not disclose any of this information however requests must be in writing.