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WELCOME

Thank you for choosing the Miller Chiropractic office for your health care needs. We are committed to doing everything we can in making your treatment successful. After a through consultation and examination, we will discuss with you your treatment options and whether chiropractic can help you. We encourage you to ask questions and to be an active part of your own healthcare.

MISSED APPOINTMENT POLICY

Miller Chiropractic makes every effort to fit those in need of chiropractic services in our schedule as soon as possible with minimum wait. If you are unable to keep a scheduled appointment, you must call the clinic at least two (2) hours before your scheduled appointment to cancel or reschedule. If you miss three (3) scheduled appointments during a twelve month period and do not contact the clinic at least two (2) hours prior to such appointments, you may not be permitted to reschedule your appointment and may be encouraged to seek treatment from another health care provider, group of providers, or clinic. Initials_____

FINANCIAL POLICY

Patients are responsible for payment in full for all services rendered. Payment is expected on the date of service. We accept payment by Check, Cash, MasterCard, and Visa. In any cases of overpayment, we will promptly refund your money. Please read the below paragraphs as they pertain to your case.

1. Insurance

As a service to you, the patient, we will submit insurance claims to your primary health insurance company. We will verify and notify you of your benefits covering chiropractic care. You are responsible for any and all charges not paid by your insurance company. All co-pays are due at the time of service.

2. Cash/ No Insurance

Payments for all services rendered are expected on date of service.

3. Auto Accident

We will directly bill all charges to the appropriate insurance company. Please provide us with all auto and health insurance information. You are responsible for any and all charges not paid by insurance.

4. Medicare

We file all claims to Medicare, Medicare forwards to supplemental insurance.

5. Workers Compensation

It is necessary that we receive authorization from your employer for treatment at our office. We will submit all workers' compensation claims on your behalf. If for any reason, a claim is denied, we will bill your regular health insurance.

CHECK POLICY

In the unlikely event that your check is returned for **INSUFFICIENT** or **HELD FUNDS**, we will debit your checking account electronically for the face amount of the check **PLUS the fee of \$12.00**. This policy allows us to resolve the problem without reporting you to a credit bureau and harming your credit rating. The transaction will appear on your bank statement and no one will have to contact you about payment.

I have read the above policy and understand and agree to this clinic policy. I understand that I am financially responsible for all charges related to my care regardless of what my insurance carrier pays or denies. I authorize my insurance to make payments directly to my treating doctor. I also authorize the release of any information pertinent to my case to my insurance company.

Patient or Guardian Signature _____ Date _____

INFORMED CONSENT FOR CHIROPRACTIC TREATMENT

The Nature of Chiropractic Treatment: The doctor will perform a physical examination. X-rays may be taken to evaluate your condition. The doctor will use his/her hands or a mechanical device in order to move your joints. You may feel a “click” or “pop” similar to the noise when a knuckle is “cracked,” and you may feel movement of a joint. Various ancillary procedures, such as hot or cold packs, electric muscle stimulation, therapeutic ultrasound, or traction may also be used. Exercises may be recommended.

Benefits of chiropractic treatment: Many or most patients will feel improvement in motion decreased muscle and joint pain and improved well-being after a series a chiropractic adjustments.

Possible Risks: As with any health care procedure, complications are possible following a chiropractic treatment.. Complications could conceivably include fracture of bone, muscular strain, ligamentous sprain, dislocations of joints, or injury to intervertebral discs, nerves, or spinal cord. A minority of patients may notice stiffness or soreness after the first few days of treatment. The ancillary procedures could produce skin irritation, burns or other minor complications. There are reported cases of stroke associated with visits to medical doctors and chiropractors. The best quality scientific evidence does not establish a cause and effect relationship between chiropractic treatment and the occurrence of stroke; rather, it indicates that patients may be consulting medical doctors and chiropractors for symptoms of headache and neck pain when they are in the early stages of a stroke. The possibility of such injuries occurring in treatment is extremely remote.

Probability of Risks Occurring: The risks of complications due to chiropractic treatment have been described as “rare” to “extremely rare”.

Other treatment options which could be considered may include the following:

1. *Over-the-counter analgesics.* The risks of these medications include irritation to stomach, liver, and kidneys, increase cardiovascular risk, and other side effects in a significant number of cases.
2. *Medical care,* typically anti-inflammatory drugs, tranquilizers, and analgesics. Risks of these prescription drugs include all side effects as above, plus patient dependence in a significant number of cases.
3. *Hospitalization* in conjunction with medical care adds additional risk of exposure to medical error, infection and other complications in a significant number of cases.
4. *Surgery* in conjunction with medical care adds the risks of adverse reactions to anesthesia, as well as an extended convalescent period in a significant number of cases.

Risks of Remaining Untreated: Delay of treatment allows formation of adhesions, scar tissue, and other degenerative changes. These changes can further reduce skeletal mobility, and induce chronic pain cycles. It is quite probable that delay of treatment will complicate the condition and make future rehabilitation more difficult.

I have read the above explanation of chiropractic treatment. I have had the opportunity to have any questions answered to my satisfaction. I have fully evaluated the risks and benefits of undergoing treatment. I have freely decided to undergo the recommended treatment, and hereby give my full consent to treatment. This informed consent will remain in effect unless there are significant changes in my diagnosis. I have the right to withdraw my consent at any time, upon written notice. I have the right to refuse treatment at any time.

Patient Signature

Date

Parent/Guardian Signature Authorizing Care of Minor

Date

Staff Initials