

HARPER CHIROPRACTIC CLINIC

10620 HWY 12 OROFINO, IDAHO 83544

PHONE: 208-476-3158 FAX: 208-476-7818

PERSONAL INFORMATION:

Your Name: _____
FIRST MIDDLE LAST

YOUR MAILING ADDRESS: _____
STREET CITY/STATE ZIP

TELEPHONE NUMBER: _____
HOME CELL WORK

EMAIL: _____

DATE OF BIRTH: _____
MONTH/DAY/YEAR

MARITAL STATUS: _____ **OCCUPATION:** _____

EMPLOYER: _____ **CITY/STATE:** _____

EMERGENCY CONTACT: _____
NAME PHONE

DO YOU HAVE MEDICATION ALLERGIES? YES NO

LIST THE MEDICATIONS YOU'RE ALLERGIC TO:

LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING:

REFERRED TO OUR OFFICE BY: _____
NAME PHONE

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I _____ **HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS**
PRINT NAME

PRACTICE'S NOTICE OF PRIVACY PRACTICES. I UNDERSTAND THAT IF I HAVE QUESTIONS OR COMPLAINTS REGARDING MY PRIVACY RIGHTS THAT I MAY CONTACT THE OFFICE LISTED AT THE TOP OF THE PAGE. I FURTHER UNDERSTAND THAT THE PRACTICE WILL OFFER ME UPDATES TO THIS NOTICE OF PRIVACY PRACTICES SHOULD IT BE AMENDED, MODIFIED, OR CHANGED IN ANY WAY.

PATIENT SIGNATURE: _____ **DATE:** _____

WITNESS PRINT NAME: _____

WITNESS SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY HT ___ WT ___ BP ___ / ___ RESP. ___ PULSE ___ DOMINANCE: R L BOTH

Patient Responsibility Policy

Harper Chiropractic Clinic is not in contract with and is out of network for all insurance companies. As a courtesy to our patients, services rendered may be billed to insurance companies, but we do not guarantee payment from insurance. Payment for known non-covered services is due at the time of service. Typical insurance payment is as follows:

Medicare: Medicare usually covers a percentage of a chiropractic adjustment. The remaining percentage of the cost is the responsibility of a secondary insurance (if applicable) or the patient. Neither Medicare nor secondary insurances cover services other than chiropractic adjustments. PEMF therapy, ozone injections, IVs, exams, and x-rays are not covered. Payment for non-covered services is due at the time of service.

Medicaid: Medicaid usually covers six adjustments per year. Medicaid does not cover other services. PEMF therapy, ozone injections, IVs, exams, and x-rays are not covered. Payment for non-covered services is due at the time of service.

Blue Cross/Regence: Blue Cross and Regence do not cover services rendered at Harper Chiropractic Clinic. If the patient's policy specifically states that chiropractic is covered, it is possible that Blue Cross or Regence may reimburse the patient, but payment is not issued to Harper Chiropractic Clinic. Payment to Harper Chiropractic Clinic for all services is the responsibility of the patient and is due at the time of service.

Other Insurance: Harper Chiropractic Clinic is not in contract with any insurance company. If the patient's policy specifically states that chiropractic is covered, it is possible that the insurance may reimburse the patient, but payment is not issued to Harper Chiropractic Clinic. Payment to Harper Chiropractic Clinic for all services is the responsibility of the patient and is due at the time of service.

Again, Harper Chiropractic Clinic cannot guarantee payment from any insurance. Therefore, any services that a patient's insurance does not cover is the responsibility of the patient.

I understand that Harper Chiropractic Clinic is not in contract with any insurance company. I understand that payment for services rendered is my responsibility. I understand that in the event my insurance issues payment to Harper Chiropractic Clinic I will be responsible for whatever is not covered.

Signature _____ Date _____

Witness _____ Date _____