

KRUSE CHIROPRACTIC

5410 Page Road, Ste. 3

Durham, NC 27703

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KRUSE CHIROPRACTIC'S OFFICE POLICIES

We believe that a clear definition of our office policy will allow you, the patient, and us, Kruse Chiropractic, to concentrate on the big issue-regaining and maintaining your health.

OFFICE HOURS: Multiple appointments are arranged for convenience to all patients. Should it be impossible to keep an appointment, we do expect notice 15 minutes before the appointment. Regardless of how many appointments are scheduled for you each week, please keep in mind that it is the frequency of your visits and not the days. If you are unable to keep your appointment for any reason, we require that you call immediately to reschedule your visit. It is your obligation to make up any missed appointments within 7 days of any cancellation. We attempt to honor all appointments at the scheduled time. If you are late, you may have to wait until the next available appointment. When entering the office, please go directly to the front and "sign in". If there are any questions, please ask the front desk assistant.

TEST RESULTS AND RETURN CALLS: Results of any examinations, x-rays or lab work will be reported to you as soon as such results are available. Our patients are always informed of all work performed in analysis of their health problem.

Should more than a 6 month period elapse between office visits, a re-evaluation is necessary prior to reinstating treatment.

FINANCIAL POLICY: All fees are dependent upon services rendered and are ultimately the responsibility of the patient regardless of whether or not this office accepts insurance assignment for payment of bills. If your insurance is qualified by our insurance coordinator you may be extended the courtesy of assigning insurance benefits directly to the office thereby reducing your out of pocket expenses. This allows you the opportunity to place your family members under chiropractic care.

- All durable orthopedic supplies are payable by the patient when supplies are ordered and will not be billed to your insurance. (Such included Custom Fitted Orthotics, pillows, ice packs, gels or supplements.)
- PATIENTS WITH NO INSURANCE:
 - All payments are expected at time of service or at the end of each week. Patients balances may not exceed \$200.00 at any time, or professional services may be terminated.
- PATIENTS WITH INSURANCE:
 - Deductibles and all co-payments are expected at time of service or at the end of each week. Your co-insurance balance may not exceed \$200.00 or professional services maybe terminated.
- Any balance past due 90 days will be sent to our collection agency and a \$30.00 collection fee is added on to your balance. Also there is a \$30.00 service fee for any returned checks.

RE-EVALUATION: Should more than a 6 month period elapse between office visits, a re-evaluation is necessary prior to reinstating treatment.

Lastly, it is the goal of this office to provide you with the finest quality chiropractic care available. If You have any questions with regard to your healthcare, or any of our policies, please let us know. We welcome your referrals and look forward to a doctor-patient relationship that works for our mutual benefit.

I have read the preceding information and understand my responsibilities, and those of the office.

Patient Signature

Date