

## ***Important Insurance Information***

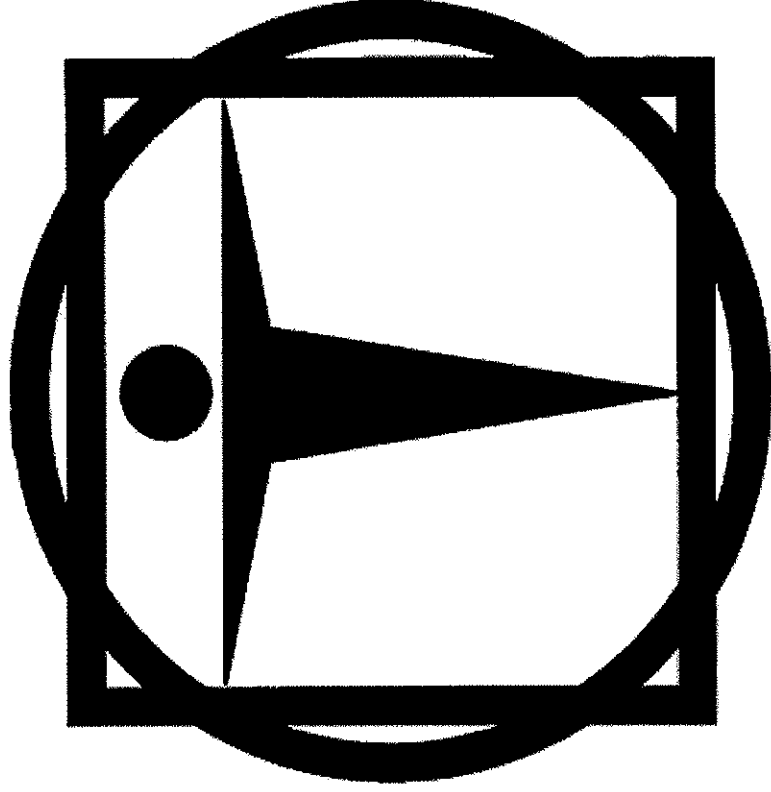
Most insurance policies do cover chiropractic care. However, if yours does not we encourage you to urge your employer's health insurance broker to change your policy to one that does. Your freedom to choose your own health care provider is a fundamental right. If we can help you in any way please let us know. Sound Chiropractic has patient payment plans for those without insurance.

It is important that you understand that health and accident insurance policies are an arrangement between an insurance carrier and you, the patient, their insured. Of course, Sound Chiropractic Center will prepare any necessary reports and forms to assist you in making collection from your insurance company. Furthermore, any amount authorized to be paid directly to Sound Chiropractic Center will be credited to your account on receipt. However you must clearly understand and agree that all services rendered to you are charged directly to you and that you are personally responsible for payment. In order to facilitate the correct and rapid processing of your insurance claim we suggest you do the following:

1. Call your insurance agent to determine exactly what coverage you have. Ask what deductible, if any, applies to your policy. Then ask how much of your claim your insurance company will pay.
2. Obtain insurance claim forms, if needed, from your agent or insurance company, fill in the required personal information and bring them to our office. Be sure to write down all information concerning any injury. (Auto, work related, slipping, ect.)
3. When you bring your insurance forms to our office, please ask one of our staff to double check them. This will help avoid unnecessary errors and give you a chance to ask any questions that you may have regarding your claim.
4. If your policy has a deductible feature, then we suggest you pay this amount at the onset of your care. We also require that you keep your account current on at least a monthly basis. Any reimbursement from your insurance company will be promptly credited to your account.
5. If you are in a auto accident or on the job injury victim, we suggest you discuss your coverage with our insurance office. We may well have suggestions that will help you in this regard.
6. You will be asked to authorize Sound Chiropractic Center to furnish information regarding your case directly to your insurance company and to assign all benefits. This will expedite its handling of the claim.

# Sound Chiropractic Center

## OFFICE POLICY



## *A Sound Health Decision*

## Sound Chiropractic Center

The following is an explanation of our clinic policies. We believe that a clear definition will allow us both to concentrate on the most important issue: regaining and maintaining your health. We will be happy to answer any questions you may have regarding our policies, your account or insurance coverage.

### **No Charge Consultation**

Sound Chiropractic Center will do a special "no charge" consultation, or brief conference, with anyone interested in finding out if chiropractic can help them with their individual health problem. There is no charge or obligation in connection with this appointment.

### **Patient Payment Policy**

We feel the patient's health needs are paramount; therefore the following payment policy is an attempt to allow you, the patient, to receive the care you need and clear your balance with the least amount of difficulty.

### **New Patient Care Services**

We require 25% of the first visit charges due on the first day of service. The balance of these charges may be made in payments over the next six weeks, unless we bill your insurance for payment. Properly documented Worker's Compensation and auto accident claims are not required to pay at this time if appropriate forms and liens are signed.

### **Established Patient Care Services**

Patients under care are required to make regular payments on all unpaid balances, except for properly documented Worker's Compensation or auto injury claims. Payments need to be paid monthly or semi-monthly, depending on your arrangements.

You will receive a monthly statement with all of your charges itemized. Please review these and retain them for your records (taxes, ect.) We do charge for additional itemizations and the billing of addition carriers.

### **Massage Therapy**

All massage charges are due at time of service, no payment plans will be allowed. We would be happy to bill your insurance company benefit after collecting any copay. We require 24 hours notice for any cancellations.

### **Our Policy On Health Insurance**

Today most insurance policies do cover chiropractic care. We will be happy to file your primary insurance claim for you and do everything we can do to assure you receive proper reimbursement; however, we cannot take responsibility for what your health insurance will or will not cover.

### **Appointments**

In order to better serve our patients we ask that you call if you are unable to make your appointment or if you will be late. Your appointment time is reserved for you. If you fail to notify our office, it leaves a time slot open that could be used to help someone else. Please help us help others.

### **Emergency Or After Hours Calls**

In case of emergency you may contact the office for a special appointment any time during regular office hours. If you, a friend or family member requires after hours or weekend assistance, you may call the clinic at (425) 870-6379 for special assistance.

### **Questions And Answers**

Your questions about any aspect of your care or account are invited. Please feel free to ask your doctor or any available staff member. We will make every effort to answer your inquiries.

**I have read the Sound Chiropractic Center Policies and will honor them,**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

# Sound Chiropractic Center

## CONFIDENTIAL PATIENT INFORMATION

Date \_\_\_\_\_ Name \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Company Name \_\_\_\_\_ Location \_\_\_\_\_  
Spouse Name \_\_\_\_\_ Children Name/Age \_\_\_\_\_  
Emergency Contact (Not Spouse) \_\_\_\_\_ Phone Number \_\_\_\_\_  
Who Referred You To This Clinic \_\_\_\_\_  
Is Your Visit Due To An Accident?    Y    N    (If yes, please see receptionist for an injury report)

Your Present Complaint \_\_\_\_\_  
Briefly Describe Your Symptoms \_\_\_\_\_  
Describe Any Operations You've Had & Dates \_\_\_\_\_

Have You Been Treated By A Physician For Any Health Condition In The Last Year?    Y    N  
Describe Condition \_\_\_\_\_ Date Of Last Physical Exam \_\_\_\_\_  
List All Medications Being Taken \_\_\_\_\_  
List Any Allergies \_\_\_\_\_

Are You Pregnant?    Y    N    Date Of Last Menstrual Period \_\_\_\_\_

### Personal Medical History (Please Circle The Following Relevant To Your Medical History)

Cancer	Muscular Dystrophy	Rheumatic Fever	Digestive Disorders	Tuberculosis	Convulsions
Polio	Multiple Sclerosis	Scarlet Fever	Sinus Trouble	Concussion	Backaches
Diabetes	Nervousness	Numbness	Heart Trouble	Hepatitis	Dizziness
Asthma	Venereal Disease	High Cholesterol	High Blood Pressure	HIV	Hepatitis C

Do You Have Insurance?    Y    N    Company \_\_\_\_\_ ID Number \_\_\_\_\_  
Group Number \_\_\_\_\_ Primary Holder \_\_\_\_\_ DOB \_\_\_\_\_

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and me. Furthermore, I understand that this office will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to this office will be credited to my account upon receipt. I permit this office to endorse co-issued remittances for the conveyance of credit to my account. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. It is my understanding that my credit may be checked if Sound Chiropractic extends credit to me and I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable unless prior arrangements are made. I hereby authorize Sound Chiropractic and whomever he may designate as his assistants to administer treatment as he so deem necessary and I also authorize the release of any information acquired in the course of my examination or treatment. I certify that the above information is true and correct.

Patients (Parent Or Guardian's) Signature \_\_\_\_\_

## Pain Drawing

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Attending Doctor: \_\_\_\_\_

Using the letters below, mark the areas on your body where you feel the described sensations.  
Include all affected areas. Please complete the picture by drawing your face. ☺

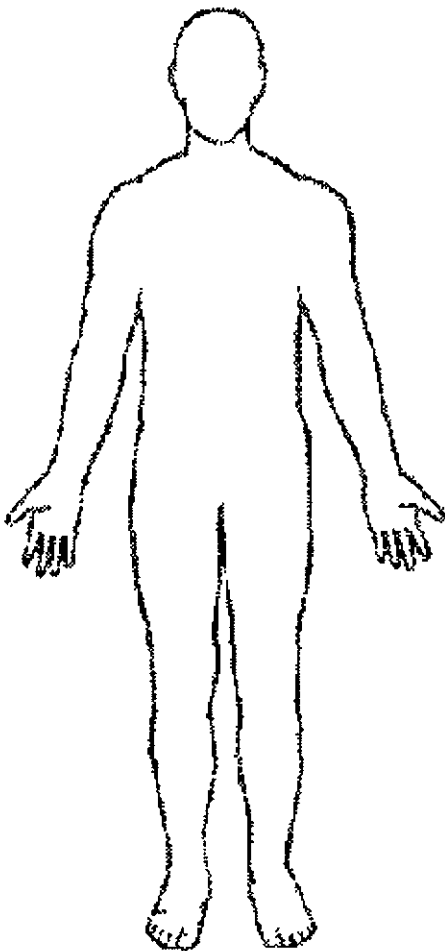
A = Ache

B = Burning

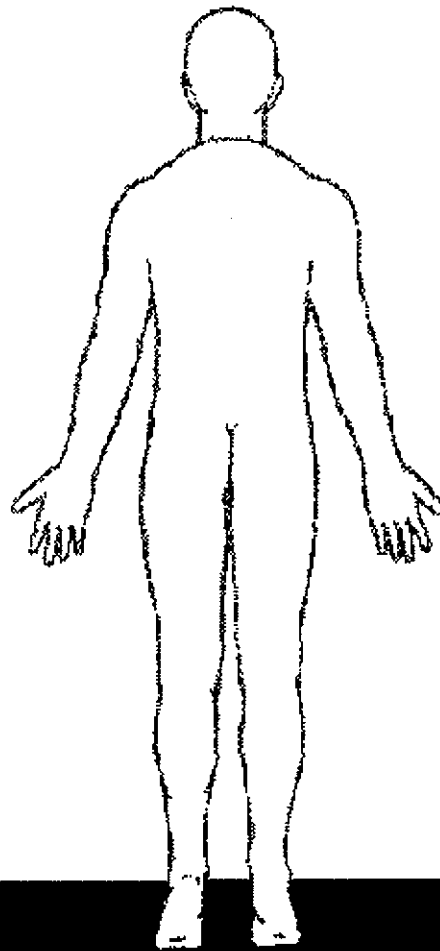
N = Numbness

P = Pins & Needles

S = Stabbing



**Front**



**Back**

Patient Signature: \_\_\_\_\_

Sound Chiropractic Center of Seattle  
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Sound Chiropractic Center of Seattle is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of your Health Information

Treatment

We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations. On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with Sound Chiropractic of Seattle. It is our policy to provide a substitute health care provider, authorized by Sound Chiropractic Center of Seattle, to provide assessment and / or treatment to our patients, without advanced notice, in the event of your primary health care provider's absence due to vacation, sickness, or other emergency situations.

Payment

We may disclose your health information to your insurance provider for the purpose of payment or health care operations. If payment is not made as arranged, our office may utilize an outside collection agency, credit reporting agency or other means of collecting outstanding debt. The designated collection agency or authority may review your file, containing protected health care information.

Workers' Compensation

If applicable, we may disclose your health information as necessary to comply with State Workers' Compensation Laws.

Emergencies

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care, about your medical condition or in the event of an emergency or of your death.

Public Health

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; and reporting to the Food and Drug Administration about problems with products and reactions to medications.

Judicial and Administrative Proceedings

We may disclose your health information in the course of any administrative or judicial proceedings.

Law Enforcement

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

Deceased Persons

We may disclose your health information to coroners or medical examiners.

Organ Donation & Research

We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues, or to researchers conducting research that has been approved by an Institutional Review Board.

Public Safety

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious or imminent threat to the health or safety of a particular person or to the general public.

Change of Ownership

In the event that Sound Chiropractic Center of Seattle is sold or merged with another organization, your health information will become the property of the new owner.

You're Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Sound Chiropractic Center of Seattle is not required to agree to the restrictions that you request.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have a right to request that Sound Chiropractic Center of Seattle amend your protected health information. If your request is denied you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by Sound Chiropractic Center of Seattle.

Changes to this Notice of Privacy Practices

Sound Chiropractic Center of Seattle reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Sound Chiropractic Center of Seattle is required by law to comply with this notice. Sound Chiropractic Center of Seattle is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have any questions about any part of this notice or if you want more information about your privacy rights, please contact the office at 206.440.7700.

Complaints

Complaints about your privacy rights, or how Sound Chiropractic Center of Seattle has handled your health information should be directed to the staff by calling the office at 206.440.7700. If you are not satisfied with the manner in which this office handles your complain, you may submit a formal complaint to:

DHHS, Office of Civil Rights  
200 Independence Ave SW  
Room 509F HHH Building  
Washington, DC 20201

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide Sound Chiropractic Center of Seattle with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment and health care operations as described.

\_\_\_\_\_  
Patients Name

\_\_\_\_\_  
Patients Signature

\_\_\_\_\_  
Date