

Bosquez Chiropractic and Wellness Center

remove obstacles - restore function - improve performance - maximize potential

Welcome to Our Office

Thank you for choosing our clinic, we are so glad that you are here today. If you have any questions concerning our policies, forms, or procedures, just ask. It is our pleasure to help you. We want your visit with us to be comfortable, helpful, and educational.

Our Privacy Practices

In our office, all health information is considered confidential and we are careful about how we use it. This notice describes how your health information may be used and disclosed and how you can get access to this information. Please read about your health information and let us know if you have any questions.

We may share your health information to:

- Treat you
- Collect payment
- Discuss your case with family
- Include you in care classes
- Run our office
- Do research
- Inform you about other services
- Thank you for referring other patients

We may use your health information for:

- Health and Safety reasons
- Reporting to law officials
- Reporting to worker's compensation
- Reporting victims of abuse
- Court hearings and filings

You have the right to:

- Request a copy of your health records
- Amend your protected health information
- Request a list of whom we share your health information with
- Advise our management if you believe your privacy rights have been violated
- Ask us to limit the information we share
- Request confidential communications

Our Clinic Policies

Payment is due at time of service, unless other arrangements have been made

Patients involved in **litigation** are, as others, responsible for their services here at the clinic.

It is understood and agreed that any amount paid to Bosquez Chiropractic and Wellness Center, for x-rays, is for evaluation purposes only and the films will remain the permanent property of Bosquez Chiropractic and Wellness Center.

To be valid, all **special promotions** must be presented at the time of your **first** visit to Bosquez Chiropractic and Wellness Center. Services offered during a special promotion may not be charge to your insurance company nor are they reimbursable from your insurance company.

Medically necessary **durable medical goods** or **DMG's** are often required to treat conditions you may present with and may **not** be covered benefits of your insurance policy. Understand that you will be responsible for their payment in addition to applicable co-payments, deductibles and fees in excess of reasonable, usual and customary if Bosquez Chiropractic and Wellness Center is **not** required by contract to reduce fees.

If an account balance becomes default, a late fee of 1.0% per month will be added to my patient balance and the patient may not seek additional care or incur additional charges at Bosquez Chiropractic and Wellness Center until all past due amounts are paid.

Consultation and Exam

To begin today's visit, we will collect some confidential health information and then sit and speak with you. After we learn more about your condition, we will perform some preliminary screening tests.

If we believe that we may be able to help you, we will recommend a complete examination so we can thoroughly evaluate your condition.

If we believe we can help, we will accept your case at this time. If we believe that you will not respond to our care, we will not accept your case and may refer you to another provider.

We will always inform you of associated fees before we perform any procedure or service.

Report of Findings

Patients who are examined will receive a report of findings from the recorded history, consultation, and examination.

Treatment Plan

If we accept your case, we may recommend treatment options based on your unique needs and then an individualized treatment plan may be created to address your short and/or long-term goals.

As you advance through treatment, periodic progress evaluations will measure and compare your improvement.

I understand and agree to the following:

• The privacy practices have been satisfactorily explained to me and I have received a copy of the Notice of Privacy Practices or had an opportunity to receive a copy.

• The clinic policies as noted above.

• I understand the purpose of today's visit

Patient or guardian signature

date

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Patient Registration

If you need any assistance completing this paperwork, just ask. It is our pleasure to help you.

We want your visit with us to be comfortable, helpful, and educational.

confidential health information

center id

date

1 PATIENT CONTACT

last name		first name	m.i.
street			
city	state	zip	
home phone		mobile phone	
work phone		e-mail	

2 PERSONAL INFORMATION

age	date of birth	social security #	gender	<input type="checkbox"/> male	<input type="checkbox"/> female
status				Number of children	
single married widowed divorced separated					

3 PATIENT EMPLOYMENT

employer name		occupation
street		
city	state	zip

4 EMERGENCY CONTACT

name		home phone
relationship		work phone

5 SPOUSE OR GUARDIAN

last name		first name	m.i.
employer name			
work phone	date of birth	social security #	

6 How were you referred to our clinic? Please list name, if applicable.

Today we will conduct a thorough history, diagnostic testing, and adjustment. If we believe we may be able to help you, we may recommend other diagnostic testing necessary to evaluate your condition. If we believe that you will not respond to our care, we may refer you to another provider.

I understand and agree to the following:

•A history, examination, and x-rays are conducted for diagnostic and informational purposes, only and are not considered treatment. I am requesting these services.

•My case may not be accepted for treatment at this clinic.

•If the doctor believes that I may respond to their care, additional service may be recommended and I will be advised of applicable cost.

Patient or guardian signature

date