



Chittenden
County
Chiropractic

Cory A. Pike, D.C.

Victoria L. Welch, D.C.

OFFICE POLICY

- o I understand that I am responsible for obtaining an insurance referral if my insurance carrier requires one. If not, I do understand that I am responsible for payment.
- o Payment for treatment, deductibles, and/or co-payments are due at time of service unless other arrangements are made.
- o Chittenden County Chiropractic will direct bill some insurance carriers. Please ask if this applies to you.
- o In consideration of other patients, all patients are expected to arrive at this office at their pre-arranged appointment time. **Late patients or walk-ins will be attended to as time permits.**
- o 24 hours cancellation notice is required. A \$20 fee will be charged for any appointment not cancelled at least 24 hours in advance.

PRIVACY NOTICE ACKNOWLEDGEMENT

We are very concerned with protecting your privacy, especially in matters that concern you Personal Health Information (PHI). In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are encouraged to supply you with a copy of our PRIVACY POLICIES AND PROCEDURES. We encourage you to read this document carefully, for it outlines the use and limitations of the disclosure of your PHI, and your rights as a patient. If you ever have any questions or concerns regarding the use of dissemination of your PHI, we would be happy to address them.

Patient Name (please print)

Signature Date

Parent/Guardian (please print)

Parent/Guardian Signature Date