



Dr. Jamie Culhane

The chiropractor for expectant mothers,
children and athletes.

Dear New Patient,

Welcome to Conejo Family Health. The goals of this office is to deliver the highest quality Chiropractic service to our community, to help those that are ready and in need to tap into their body's own ability to heal, and to share with others the understanding that each one of us can make a choice as to the quality of health in which we wish to keep.

The mission of our office is based upon education and common sense. We are bringing to our community and patients a new understanding of how the body works. Through our staff and patients, we are developing a healthier community one person at a time. In order to obtain the most from your health care we have set forth the following policies:

APPOINTMENT POLICY

Office visits are scheduled according to severity of your condition and the program of care that is best for you. Because your condition may require several appointments over the next several weeks, we may design a multiple appointment schedule for you. For your Convenience, multiple appointments are scheduled to minimize waiting and to facilitate incorporating appointments into your daily routine. This procedure minimizes the amount of time you will spend in the office and assists in running a smooth and efficient office.

Correction of spinal conditions is similar to orthodontics in that it takes repetition and time to cause a permanent effect on the spine and nervous system. Regardless of how many appointments are scheduled for you each week, please note that it is the frequency of visits that counts, and not the days that will help achieve this goal. If an

appointment needs to be cancelled, we require that you call immediately to reschedule your visit. It is your obligation to make up a missed appointment **within 7 days**.

This office reserves the right to charge \$20 for missed appointments and those appointments cancelled without 24 hours notice.

When entering the office on any given visit, please go directly to the front desk and "sign in". We attempt to honor all appointments at the scheduled time. If you are late, you may have to wait for the next available appointment. If you have any questions regarding our office policy or your appointments, please do not hesitate to speak to the receptionist directly.

SPECIAL CONSULTATION

As part of your care plan, re-exams are scheduled every 12 to 13 visits. Please allocate additional time for this re-exam, which includes an EMG and nerve scan. Additional time is also needed for special consultations, such as a new injury, orthotic fitting, weight loss program, or



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specific exercise plan. A Review of Findings will be scheduled after you've obtained your x-rays to review all of your test results and to educate you about your body, especially the spine and nervous system. You and your spouse or another family member are required to attend. If you have a friend or relative who may be contemplating whether or not chiropractic care may be of benefit to them, this is an excellent opportunity to find out about chiropractic. Both the doctor and the patient have various responsibilities.

FINANCIAL POLICY

It is the policy of this office that all services rendered are charged directly to you, the patient, and that ultimately, the patient is responsible for all services, including those

not reimbursed by third party payers. All payments are expected at the time of service or at the beginning of each week.

Patient's balances may not exceed \$500 at any time.

All insurance assignment patients must pay their deductibles in full and the co-payment at the time of service or at the beginning of each week.

All deductible payments **MUST** be made prior to insurance submittal.

Returned checks are subject to a \$30 fee. Balances over 30 days may be subject to additional collection fees and interest charges. When your balance remains unpaid after 60 days your account becomes delinquent. A late charge will accrue on the account balance at the rate of 1.5% per month (18% annually). You will receive a letter stating that in 30 days your account will be reported to TRW and collection proceedings may begin. A bookkeeping fee of \$50.00 will be charged to your account when TRW is notified. Any fees, including collection cost, court and attorney fees, will be the responsibility of the guarantor. Charges may also be made for missed appointments and those cancelled without 24 hours notice.

Failure to sign this agreement does not negate your financial obligation for any previous or future treatments.

It is the goal of this office to provide you with the finest quality chiropractic care available. Our policies are designed to create a positive and productive relationship in your continued journey of well being. If you have any questions regarding your health care, or any of our policies, please let us know. We look forward to your referrals and to a successful doctor-patient relationship.

I understand and agree to abide by these policies as long as I am a patient at Conejo Family Health.

Name _____

Signature _____ Date _____