

Thiesing Family Chiropractic Center 506 North Garden St Columbia TN 38401 (931) 490-0606
Dr. Stephen C. Thiesing, Dr. Bradley T. Crye, Dr. Ciaran E. Cullen

Office Fee Schedule

Our office fees vary according to the different services provided per visit. Depending on your situation those services can vary from visit to visit. A list of current fees for each service is available upon request.

Financial Policy

We are committed to providing you with the best chiropractic care possible in a caring environment and have established our financial policies to achieve that goal. Care Plans are available and are designed to be the most cost effective way to keep you and your family as healthy as possible. Details of these plans will be discussed with you during your Chiropractic Report of Findings. Unless participating in a care plan, **PAYMENT IS DUE AT THE TIME OF SERVICE.**

- **Health Insurance:** We will file your insurance as a courtesy, you **are personally responsible for all service charges incurred in our office.** Any balance denied or left unpaid by your insurance company is your responsibility. **All deductible payments, co-payments and co-insurance payments are due at the time that service is rendered. Please request a copy of our fee list to avoid misunderstandings.**
- **Medicare:** We **do not** participate with Medicare. However, we do file the claim on your behalf to Medicare. If you have a supplemental plan, Medicare will do a complimentary crossover of the claim to the supplemental company on file with them. **Payment is due from you at the time of service.**
- **Massage Benefits:** *Payment for massage is due at the time service is rendered and is not billable through our office.*
- **Release of Medical Records:** There is a \$20 fee for a copy of your x-rays/medical records. Records will not be released until payment is received. If your records, require more than 25 copy pages, you will incur an additional .25 cent per page over 25.

Privacy Waiver

Thiesing Family Chiropractic Center strives to protect patient's privacy, but we want you to be aware of the following:

- We are an open office. If you would like to speak with either the doctor or one of the staff members privately, please make an appointment to do so.
- We will release medical information only to people with a signed authorization from you. If you would like restrictions placed on your medical authorization, please let us know.
- We use a sign in sheet and it is possible that someone will see your name on it and know that you are a patient of ours. We only require your first initial and your last name on this sheet.
- You have the right to see your medical information and/or modify it if applicable.
- You have the right to review our privacy practices and the right to request a copy. These practices are subject to change at any time and you will be notified of any changes in these policies.

I am aware of the office policies for Thiesing Family Chiropractic Center as listed above. I hereby accept these policies and understand them as stated above.

I understand that should my account ever be considered past due, I will be responsible for all collection costs, attorney fees and/or legal fees.

Patient Signature

Date

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TERMS OF ACCEPTANCE

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same objective.

Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

Adjustment: An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

Health: A state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity.

Vertebral Subluxation: A misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal examination, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. OUR ONLY PRACTICE OBJECTIVE is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

I, _____ have read and fully understand the above statements.
Print Name

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction.

I therefore accept chiropractic care on this basis.

Signature

Date