



PRACTICE MEMBER GUIDELINES

As your chiropractor, my main objective is to offer chiropractic and wellness services that will allow you to respond as quickly as possible, in the least amount of time and in the most cost-effective fashion. We will do everything in our power to see that this goal is reached. However, we cannot do it alone, we need your help.

As a practice member of Applied Healthcare Associates you have certain responsibilities to ensure you are working toward our mutual goal of “wellness”.

Your Job...

1. Keep your appointment times, as scheduled.
2. Allow for ample time to care for your condition. (Time is a very important part of regaining your lost health.)
3. Participate in your health with exercises and healthy suggestions made by the doctor, create a healing environment for yourself.

In Addition...

1. Please consult us before you seek any other health or at-home treatments during spinal correction. Other care, treatments, or drugs may alter your progress and ultimate recovery.
2. It is our mission to see that every member of your family achieves and lives optimal health. To do this, they must be free of subluxations. We welcome any friend or family members to be present at your exam or future visits! We would also happy to send chiropractic information to a friend or relative whom you believe could benefit from chiropractic care.

Our office is designed and dedicated to fulfill your whole health needs. If you have any questions about any aspect of your care or our services, please feel free to discuss them with your doctor. Your health care is our top priority!

In order to provide the chiropractic care you need as conveniently and rapidly as possible, we have established special hours in which you can receive your adjustments with the absolute minimum of waiting. We call these **Patient Preferred Adjusting Hours**. In order to make this possible, the following has been established.

- Consultations:** If a consultation (i.e., questions that may need more time than a regularly scheduled adjustment) is needed with the doctor, it is requested that it should be scheduled during **Expanded Exam Hours** rather than during *Patient Preferred Adjusting Hours*. This will give you and the doctor the time necessary to solve any problems and answer any questions.
- Examinations:** Examination, consultation, and report visits may require special time. To ensure you get the proper time and attention, these visits may need to be scheduled during our **Expanded Exam Hours**.
- Initials: _____ Missed Appointments:** Changes in appointments require a 24-hour advance notice. **There will be a \$25.00 fee charged for all missed chiropractic appointments, and \$35.00 for all missed massage appointments. It is also very important to follow your treatment plan to get and stay well!**
- New Injury or Accident:** If you are in an auto or work accident, experience a new injury, re-injury or exacerbation on an existing condition, please let us know when making your appointment so appropriate time is scheduled for the examination and care of the new injury.
- Initials: _____ Payment:** It is our office policy that payment is made at the time of service. If you have insurance to support your care, your co-pay is due at the time of service. We will gladly submit each claim to your insurance and ask that any changes in your insurance are reported in a timely manner. If you have a percentage plan or a deductible to fulfill, we appreciate payment of the estimated charges at the time of your visit in order to reduce statements and keep billing costs down. Any amount not paid by your insurance company will be the responsibility of the patient. Any returned checks for NSF are charged a \$25.00 fee. Any service denied by your insurance is your responsibility.

I have read and understand all patient requirements.

SIGNATURE:	DATE:
------------	-------

Thank you for the opportunity to serve you!

1303 S. Grand Blvd. Spokane, WA 99202
Phone (509) 838-2225 Fax (509) 755-2225 www.ahaspokane.com