

PATIENT EXPECTATIONS

Welcome to our office! We are excited that you have chosen chiropractic care to improve your quality of life. Our recommendations are based on a desire to see you get well and stay well. While we will do our part to customize a treatment plan to meet your specific needs, we also believe that achieving maximum results is part of the patient's responsibility as well. Therefore, we have compiled a list of "patient expectations" for you to understand and follow during the duration of your treatment plan.

PATIENT EXPECTATIONS

LEARN more about chiropractic. Attend one of our Spinal Care Class held every other Tuesday at 6:00 p.m. The class lasts approximately 30-35 minutes and is offered **free of charge**. Plan to attend early in your treatment plan and bring your family and friends.

KEEP your scheduled appointments. If you miss an appointment, try to make up the same week. Adjustments build on one another, and if you miss too many, you may not get the results you would like. We usually recommend 3-5 visits per week *initially*, in order to get the best results in the shortest amount of time.

DO your home care exercises. These will help you to achieve better posture and may speed up your progress saving you time and money.

ICE affected areas. Do not use heat. Heat increases blood flow, which causes inflammation.

ASK questions and discuss any concerns with the doctor. Please do not try to change your treatment plan on your own. Initial treatments may alleviate *symptoms*, but it will take time and repetition to correct the underlying *problem*.

REFER your family. We will allow your entire family to come in for a complete examination at no charge. They may or may not be in pain now, but as the saying goes, "An ounce of prevention is worth a pound of cure."

APPOINTMENT POLICY

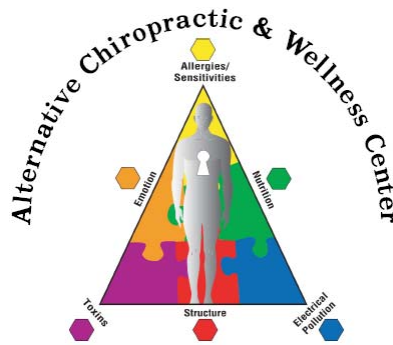
Multiple appointments have been scheduled for your convenience, to minimize waiting and to facilitate incorporating these appointments into your daily routine. The frequency of your visitation schedule is of paramount importance to your results, so we ask that each patient assume the responsibility of strict adherence to the appointment program as it is designed for optimal results.

Regardless of how many appointments are scheduled for your each week, please note that it is the *frequency* of visits that count and not the particular day. Therefore, if you are unable to keep an appointment for any reason, we require that you call immediately to reschedule your visit. It is your obligation to make up a missed appointment within **7 days** of any cancellation. This office reserves the right to charge for missed appointments and those cancelled without 24 hours notice. Our missed appointment fee is \$25.00. We understand emergency situations arise and we will not hold this against you. Please call as soon as you are aware you cannot make your appointment and reschedule. Repeated missed appointments will incur fees.

DR. PHILIP S. SENG

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SPINAL CARE WORKSHOPS

Our Spinal Care Workshops are designed to enlighten you about your body, especially the spine and nervous system. We have found that patients that attend our workshops seem to respond faster since they have a better understanding of the problem. **Your health is your responsibility and the care you receive in our office requires your participation.** Therefore, you are required to attend. We encourage you to bring your spouse or other family members. If you have a friend or relative who may be contemplating whether or not chiropractic care may help them, this is an excellent opportunity to find out about chiropractic. Just inform our receptionist to reserve a place for them. All Spinal Care Workshops are free of charge.

FINANCIAL POLICY (BRIEF DESCRIPTION)

It is the policy of this office that all services rendered are charged directly to you, the patient. Accepting insurance assignment is a courtesy we happily extend to our patients. However, as we are not a party to your contact with your carrier, charges incurred in this office are ultimately your responsibility. Any services not covered by your insurance company are your responsibility. If payments are not received by your insurance company within a timely fashion or if a dispute arises, we reserve the right to withdraw assignment.

All payments are expected at the time of service, or at the beginning of the week. This includes any and all copayments, deductible, co-insurance amounts and non-covered services.

We do not bill secondary insurance carriers. However, we will provide you will a bill so that you may submit a claim to them. (By law, Medicare is an exception).

MEDICARE PATIENTS: Medicare will only pay for a SPINAL ADJUSTMENT. The exam fee and any x-rays taken are your responsibility and are due at the time of service. In the unusual likelihood secondary insurance pays for these services, you will be reimbursed.

Returned checks and balances over 60 days may be subject to an additional collection fee and interest charge of 1.5% per month. The returned check fee is \$30.

All accounts not paid within 90 days may face outside collections. Any fees associated with outside collections are the responsibility of the patient and/or legal guardian.

I have read, understand and agree to the above Patient Expectations.

Signature (Patient and/or Legal Guardian)

Date

Original to patient
Copy in patient chart