Financial Policy

Dr. Loriann Laugle

1. PAYMENT: Dr. Laugle has decided to **invest more in direct patient care** and is currently an out-of-network provider. Payment is expected at the time of service. We accept cash, personal checks, Mastercard, Visa, Discover and American Express.

2. CLAIM SUBMISSION: Based on your insurance policy, you may be eligible for out-of-network reimbursement. You may **call to verify** your health insurance benefits using our **Health Insurance Verification Form (download form at www.DoctorLoriann.com/financial-policy/)**. The benefits quoted to you by your insurance company are not a guarantee of payment.

   We do not directly bill insurance for services provided. We will however provide you with a receipt/superbill that includes diagnosis codes to assist you with possible insurance reimbursement. Insurance policies are an agreement between the policy-holder and the carrier. Insurance questions should be directed to the appropriate party. (More information and instructions on how to submit out-of-network claims at www.DoctorLoriann.com/financial-policy/)

We absolutely understand financial hardships and are willing to work with patients *who are dedicated and invested in themselves* to make positive changes to reach their health goals. If you are concerned with the financial investment and are interested in our wellness center, please discuss with us.

Family plans available upon request.

3. MISSED APPOINTMENTS:
   a. No call/no show: Our policy is to charge the full amount of the appointment if you miss your appointment without calling ahead.
   b. Cancel within less than 12 hours: You will be charged 50% of the service after **one** missed appointment that is not cancelled within **12 hours**.
   c. *Please help us serve you better by keeping your regular scheduled appointments*.
   We also understand life happens! If you need to reschedule, please call/text the front desk at 340-513-8376.

4. INITIAL EVALUATION DEPOSIT & REFUND POLICY: A deposit of $80 is required upon making your initial appointment for consultation/examination (via cash, check or credit), which goes toward the initial evaluation investment of $160. If there is same-day cancellation or no-show to your initial visit, the $80 deposit is nonrefundable and nontransferable to another appointment (so, if you miss your initial visit or don't cancel within 12 hours and want to make another appointment, you must make another deposit). If you cancel within 12 hours, a full refund will be given.

I, ___________________________________, have read, understand, and agree to the Financial Policy. I understand that my insurance is an arrangement between me and my insurance company, **NOT** between Dr. Loriann Laugle and my insurance company. If necessary, I request that Dr. Loriann Laugle file insurance claims on my behalf.

COPY OF FINANCIAL POLICY AVAILABLE UPON REQUEST.

Patient Health Information Consent Form

Dr. Loriann Laugle

Teaching you to thrive harmoniously.

We want you to know how your Patient Health Information (PHI) is going to be used in this office and your rights concerning those records. This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Before we will begin any health care operations we must require you to read and sign this consent form stating that you understand and agree with how your records will be used. If you would like to have a more detailed account of our policies and procedures concerning the privacy of your Patient Health Information (PHI) we encourage you to read the HIPAA NOTICE that is available to you at the front desk before signing this consent.

1. The patient understands and agrees to allow this chiropractic office to use their Patient Health Information (PHI) for the purpose of treatment, payment, healthcare operations, and coordination of care. As an example, the patient agrees to allow this chiropractic office to submit requested PHI to the Health Insurance Company (or companies) provided to us by the patient for the purpose of payment. Be assured that this office will limit the release of all PHI to the minimum needed for what the insurance companies require for payment.
2. The patient has the right to examine and obtain a copy of his or her own health records at any time and request corrections. The patient may request to know what disclosures have been made and submit in writing any further restrictions on the use of their PHI. Our office is not obligated to agree to those restrictions.
3. A patient's written consent need only be obtained one time for all subsequent care given the patient in this office.
4. The patient may provide a written request to revoke consent at any time during care. This would not affect the use of those records for the care given prior to the written request to revoke consent but would apply to any care given after the request has been presented.
5. For your security and right to privacy, all staff has been trained in the area of patient record privacy and a privacy official has been designated to enforce those procedures in our office. We have taken all precautions that are known by this office to assure that your records are not readily available to those who do not need them.
6. Patients have the right to file a formal complaint with our privacy official about any possible violations of these policies and procedures.
7. If the patient refuses to sign this consent for the purpose of treatment, payment and health care operations, the chiropractic physician has the right to refuse to give care.

Our office reserves the right to amend the terms of our HIPPA NOTICE.

I, ____, have read and understand how my Patient Health Information (PHI) will be used and I agree to these policies and procedures.

COPY OF HIPPA NOTICE AVAILABLE UPON REQUEST.