

Our Office Policies and Procedures

Patient Needs and Questions

Your questions and concerns are important to us. Should any needs or questions arise at any time, please ask for what you need or do not understand.

Office Policies

The office staff will strive to meet your needs in a timely and efficient manner with open communication and prompt follow-up as needed. All office policies will be explained as necessary, and your suggestions are appreciated. We wish to continually improve, self-evaluate, and keep our eyes on the quality you deserve.

Appointments

The time scheduled with Dr. Hoffmann is a block of time that is set aside specifically for you. We do not double book appointments as in the majority of practices. **Please not that we reserve the right to charge for appointments cancelled or broken without 24-hour notice**, as this time could be used to serve other patients. The charge for a no-show is \$25, and \$50 if a specialty ½ hr NET apt. is missed. If you're going to be late, please call our office to let us know of your time frame and we will try to work with you as best we can. We know that your time is as valuable as ours, and Dr. Hoffmann strives to stay on schedule. Standard appointment times are 10 minutes.

X-Rays and Lab Tests

X-rays and MRI's are typically not taken at the beginning of treatment unless it is deemed clinically necessary by your condition. Dr. Hoffmann's treatment does not rely on those tests. These tests may be in order if you: are not responding to care, have had a trauma, or if pathology/fracture is suspected.

Medical Records

To have your medical records released to another health care practitioner, your authorization is required. A Patient Request for Release of Records form must be completed and signed by you. This form enables Dr. Hoffmann to release your records with your permission and to obtain your medical records from another healthcare provider.

Patient Financial Responsibility

Unless other arrangements have been made with Dr. Hoffmann, payment is due at the time services are rendered. For your convenience we accept cash, checks, Mastercard, Visa. You will be charged a fee of \$25 for insufficient check funds or failure of a credit card company to honor your charges. If you carry any form of health insurance, our office will do our best to help you get reimbursed by the ins. Company. Please pick up a "superbill" from the office at the time of treatment, and the [Helpful Hints for Filing Insurance Claims](#) sheet. All services rendered by this office are charged directly to the patient, not the insurance company. We do not bill your insurance company for you.

Fee Schedule

Initial consultation	\$0	The consultation is 10 min., and allows for conversation only, to see if Dr. Hoffmann's treatment may be right for you, and does not include a complete history, exam, or treatment.
Initial visit	\$195	The initial visit will consist of a complete health history and exam, and an inclusive report of findings to be delivered on the following visit. The cost of this visit allows for the complementary 10 min. consultation with the doctor.
Subsequent visits	\$75	
Re-exam	\$130	

Specialty Visits

½ hour NET Sessions	\$195
½ Rehab Sessions	\$195

Nutritional Supplements

Nutritional supplements must be paid for at the time of service, and are refundable if un-opened.

Insurance Forms

We have installed into our office procedures a simple way to help you get reimbursed. Please note that your insurance claim is not filed by this office. We cannot accept responsibility for negotiating a disputed claim or for collecting your claim. You will receive a "superbill" (Attending Doctor's Statement) from this office that lists medical codes, procedures, and the diagnosis each time you are treated. The "superbill" is attached to your insurance company's

claim form and sent together for reimbursement determined by the insurance company. You are responsible for payment whether the insurance pays or not. See the "Helpful Hints for Filing Insurance Claims" to aid you in this process.

Any questions you have regarding our policies, and/or your insurance billing, will gladly be answered by our staff as best we can. We are ready to serve you and welcome you to our office.

I understand and agree that health and accident insurance policies are an agreement between my insurance carrier and myself. Should a check be mistakenly issued to Dr. Christine Hoffmann from your insurance, the check will be voided and sent to you (the patient). It will be your responsibility to contact your insurance company for re-issuance of the check. I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for full payment of the account. Should I choose to suspend or terminate my care, any fees for professional services rendered to me will be immediately due and payable.

I hereby authorize the Dr. Christine Hoffmann to examine my condition as she feels necessary and render care using specific Chiropractic adjustments to my spine and/or extremities, and/or Applied Kinesiology, and/or Neuro-Emotional Technique. I understand and agree that all x-rays remain the property for the office and will be kept as a part of my patient file. Fees paid to the office for x-rays, are for the production and evaluation of the x-rays and do not imply ownership. I agree that I am financially responsible for all bills incurred at this office. I am aware that the doctor will NOT be held responsible for any pre-existing medically diagnosed condition nor and medical diagnosis.

I have read, understand, and agree to the Policies and Procedures of this office.

I understand that all the recommendations made by Dr. Christine Hoffmann are intended to promote my optimal health and are not to be misconstrued as prescriptions that treat disease.

Patient Name _____

Patient Signature _____

Date _____

Guardian/Parent/Spouse _____

Date _____

Witness _____

Date _____

Confidentiality Agreement

To our valued patients;

Dr. Hoffmann makes your privacy one of her top priorities. We would like to inform you of the measures we take to insure your rights of patient privacy (in accordance with HIPPA).

1. Locks in the cabinets where your patient records are stored, with the only keys belonging to Dr. Hoffmann.
2. All employees in the office sign a strict confidentiality agreement that requires them to keep all patient information confidential and in the office.
3. All areas in which mail and/or patient correspondence may be found is restricted to employees only.
4. All computers with patient data are located in a safe and secure location. Access to the computers is restricted to Dr. Hoffmann and/or the office management.
5. Patients are not allowed behind the front desk at any time. The front desk area is designated as employee only.
6. We have a cover sheet on the "Sign in Sheet." After you sign in, the cover is to remain closed over the sheet so that your name cannot be seen.

We communicate with our patients through mail, e-mail, and by phone. Below are some of the ways our office may correspond with you. Please let us know if any of the following are absolutely **NOT** ok with you.

- Mailings (include birthday cards, thank you cards...)
- Phone calls (for appointment reminders, to return your calls, etc..)

Please let us know if there is a specific phone number for us to leave a courtesy message for you in the event that we are unable to speak with you directly. _____

We will do our best to always honor your requests when communicating with you.

Yours in Health,
Dr. Christine Hoffmann and staff

Patient Signature Date

Witness Date