

Hutchins Naprapathic Clinic, P.C.
Patient Introduction

Name _____ Gender _____

Home Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ / _____ / _____ Home Phone (____) _____ - _____

Cell Phone (____) _____ - _____ Work Phone (____) _____ - _____ x _____

Is it alright to leave a voice mail at those phone numbers? Home Y/N Cell Y/N Work Y/N

Email Address _____ @ _____

Employers Name _____

Employers Address _____

Occupation _____

Spouse's Name _____

Whom may we contact in case of an emergency?

_____ Phone (____) _____ - _____

Who is financially responsible for this bill?

_____ Phone (____) _____ - _____

I will be paying today by: Cash _____ Check _____ Credit Card (Visa/Mastercard) _____

Please bill my insurer? Yes ____ No ____ (Dr. Hutchins will make a copy of your insurance card)

All checks should be made payable to: Hutchins Naprapathic Clinic, P.C.

Please read the back of this form.

I understand that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered. I have read the financial arrangements and health insurance information on the back of this form, and have provided accurate information above. I agree to notify Dr. Hutchins of any changes in my health, insurance status, or the above information.

I understand and agree that seeking naprapathic care is not a replacement for my primary medical healthcare provider (medical doctor or specialist), and the scope of practice of a naprapath does not include differential diagnoses of medical conditions. Dr. Hutchins strongly urges all patient's to pursue medical diagnoses and treatment. I give my consent for my treatment by Dr. Hutchins.

Signature _____ Date _____ / _____ / _____

Parent Signature (If Minor) _____ Date _____ / _____ / _____

Whom may we thank for referring you to us? _____

FINANCIAL ARRANGEMENTS AND HEALTH INSURANCE

Hutchins Naprapathic Clinic P.C., and Dr. Hutchins, D.N., are committed to providing you with the best possible care. If you have health insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our payment policy.

Dr. Hutchins is not an HMO or Medicare provider, and cannot bill Medicare or Medicare Supplemental Insurance.

In an effort to keep our administrative costs (and your fee) as low as possible, we request payment for service at the time service is rendered unless payment arrangements have been approved in advance. We accept cash, or checks, and Visa or Mastercard. We will be happy to help process your insurance claim form for your reimbursement.

Returned checks and balances older than thirty days may be subject to additional fees. Charges may also be made for broken appointments. Should collection processes become necessary, additional fees will be assessed to offset the cost of collections, including court costs, and attorney fees, if applicable.

I will gladly discuss your proposed treatment and answer any questions relating to your insurance.

Please realize, however, that:

1. Your insurance is a contract between you, possibly your employer, and the insurance company. Hutchins Naprapathic Clinic, P.C. and James Hutchins, D.N. are not a party to that contract, and are not in control, nor bound by the insurance companies' determination of what they consider eligible and ineligible with regard to our fees, nor their determination of medical necessity.
2. Our standard fees generally fall within the acceptable range by most insurance companies, however, the insurance industry, and various insurance plans can vary widely by plan carrier, type, and region. Some companies reimburse based on an arbitrary "schedule of fees," which bear no relationship to the standard and cost of service in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies plans select certain services they will not cover, based on costs involved, or cost containment for insured entities.

I must emphasize as a health care provider, that my relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy I extend my patients, all charges are your responsibility from the date the services are rendered. I realize that temporary financial problems may affect timely payments of your account. If such problems do arise, I encourage you to contact me promptly for assistance in the management of your account.

HIPPA Privacy Policy

In order to be compliant with Federal HIPPA Regulations, this office follows certain guidelines for keeping our patient information confidential. We understand that your health information is personal, and are committed to protecting your privacy. If you have any questions or regarding the privacy policies of Hutchins Naprapathic Clinic, P.C. please direct them to James Hutchins, D.N.