

COMMUNITY CHIROPRACTIC WELLNESS CENTER

Nutrition Financial Policy

(Updated September 1, 2013)

Payment for services is due at the time of service. By keeping the office on a cash basis, we are able to maintain a unique low-fee schedule. Your first nutritional visit is \$300 plus the cost of any supplements you purchase. This includes a computerized scan of your spine and a nutritional analysis of your health by Dr. Michael DeFino.

- ❖ Your first nutritional visit is \$300 plus supplements. Appointment duration is 90 minutes.
- ❖ Follow-up nutritional visits are \$175 plus supplements. Appointment duration is 45 minutes.

TREATMENT	FEE
Initial Visit	\$300
Follow-up visits	\$175

Nutritional visits are usually once a month for three months. PLEASE NOTE: This schedule varies on your commitment to your nutritional health and Dr. DeFinos' recommendations.

Payment is expected at each visit. Our office accepts: Visa, Discover and MasterCard, cash and checks.

CANCELLATIONS

As schedule permits, a specific number of people will be provided nutrition services each day, therefore it is important that if you are unable to keep your appointment, please be responsible to call our office to cancel at least 24 hours before the time of your visit. This will enable us to free the space for another patient. **YOU WILL BE CHARGED HALF THE VALUE OF IF YOU DO NOT ARRIVE FOR YOUR SCHEDULED APPOINTMENT TIME AND HAVE NOT CALLED TO REQUEST CANCELLATION.**

There will be \$15 monthly late charge on all payments not received on the date of service. If you would like to elect automatic debit from a charge account, ask for a form to set-up automatic payments. Our office will bill by this procedure, on the 1st and 15th of each month. Your account information is kept within a secure confidential file. If you have questions about this service, please speak with the Chiropractic Assistant.

(Please continue on reverse side)

DIAGNOSIS AND REPORTS: Most Insurance Carriers DO NOT pay Nutrition and Supplements, therefore it is your responsibility to inquire of your insurance company, if they will pay for these services. Most health insurance policies, however, are written specifically to reimburse for symptom care, meaning 'sick care'. In the event that your Insurance Carrier requests any information of this office, or a practitioner 'report of findings', in order to qualify the services you receive, we will provide information that is consistent with services provided. A \$35.00 administrative fee will be required of your Carrier for this service. Reports issued, are normally time consuming, and should your Carrier refuse to remit this required fee, payment responsibility for this fee remains with the patient, and is expected prior to report submission.

MEDICARE: Medicare does not cover nutritional care.

ADDITIONAL SERVICES

Periodically, Dr. DeFino may suggest additional services: Chiropractic care, Supplements, Medical Equipment, Laboratory, or Radiology. These fees are NOT included in the above fee schedule. Dr. DeFino will disclose the cost of extra services in the event they are required.

We do not guarantee that the services rendered can prevent or cure any illness, injury, or disease.

Nutritional Care DOES NOT INCLUDE COVERAGE within the 'set fee for injuries', covered under Personal Injury Laws where there is third party liability or pending litigation. This also applies to MediCare Patients. We are not accepting Workers Compensation patients at this time, but would be happy to refer you to a doctor in the area of your choice.

I HAVE READ THE NUTRITION FINANCIAL POLICY ISSUED FOR COMMUNITY CHIROPRACTIC WELLNESS CENTER, AND UNDERSTAND MY FINANCIAL RESPONSIBILITIES FOR PROFESSIONAL SERVICES AND CARE. I UNDERSTAND THAT THIS FINANCIAL POLICY REPLACES ANY PREVIOUS NUTRITION FINANCIAL POLICY THAT I MAY HAVE SIGNED.

Print Name

X _____
Signature

Date

WE LOOK FORWARD TO PARTICIPATING ON YOUR EXCITING JOURNEY OF HEALING.

SINCERELY,

MICHAEL A. DEFINO, DC