

New Member Intake and Financial Policies – Consents

Contact

I authorize Smiley Family Chiropractic & Wellness Center to contact me via phone, text, or email. Contact purposes are typically, but not limited to being informative in nature – appointment reminders and/or info about closings and important dates. On occasion I may send notification about current research or goings on in the field of chiropractic, Functional Neurology, Functional Endocrinology, or health in general. Dr. Jessica Smiley and/or Dr. Danielle Barron will also use these contacts to follow up when that is necessary. Your contact info will never be sold or solicited. I authorize Smiley Family Chiropractic & Wellness Center to utilize smileyfamilychiropractic@msn.com, drsmiley_sfcwc@hotmail.com, and/or drbarron_sfcwc@hotmail.com and/or these numbers (423)442-2100, (423)295-4406, and/or (423)371-1941 to contact me when needed.

- I agree

Insurance and Billing (Pertains to any services other than chiropractic exams, x-rays, adjustments and reevaluations)

I understand that Smiley Family Chiropractic & Wellness Center, will not in any way bill my insurance, nor will they give billing codes for reimbursement from insurance. I understand that I am responsible for full payment for any service at the time of service, unless otherwise agreed upon. I agree that if an invoice is emailed or mailed after the service that I will submit payment within 7 days of receiving the invoice, unless otherwise agreed upon. If payment is not received within 7 days Smiley Family Chiropractic & Wellness Center may begin collection procedures if deemed necessary and/or begin to add 5% interest to the uncollected balance per month from the date of service.

- I agree

Cancellation Policy

I fully acknowledge that Smiley Family Chiropractic & Wellness Center will enforce a cancellation policy if I fail to cancel my appointment more than 24 hours in advance for **Functional Neurology** appointments or **Functional Medicine** and more than 7 days for **Intensive Functional Neurology** appointments. The policy is as detailed below:

- If a **Functional Neurology or Functional Medicine** appointment is not cancelled within 24 hours a 50% cancellation fee of services rendered will be collected.
- If an **Intensive Functional Neurology** appointment is canceled between days 8-14 days before the appointment a 50% cancellation fee may be collected. • If appointment is canceled between days 0-7 days before the appointment a 100% cancellation fee may be collected. • If you do not show up at your scheduled appointment, your card will be charged for 100% of the scheduled appointment fee.

If you do not show up to your scheduled Intensive Functional Neurology appointment, your card will be charged for 100% of the scheduled appointment fee.

- I am aware of the cancellation policy, and I agree

Credit Card

Based on the details noted above I authorize Smiley Family Chiropractic & Wellness Center to charge the credit card given in the amount dictated per guidelines for the cancellation policy above.

- I agree

HIPAA

I have read or been given the chance to read over the HIPAA guidelines (posted on the website/form).

- I agree

Medical Information

I agree to allow Smiley Family Chiropractic & Wellness Center to obtain and/or send medical information as deemed medically necessary for my care. I also agree to allow Smiley Family Chiropractic & Wellness Center to consult with providers that I am seeing or have seen as needed for my care.

- I agree

Media Release

I authorize Smiley Family Chiropractic & Wellness Center to use various photos and videos as deemed necessary for educational and academic purposes. Mediums that these photos and videos may be used for includes but is not limited to; lectures and social media (Smiley Family Chiropractic & Wellness Center’s Facebook Page and Instagram). Due to the nature of what we do in the office it is important that people see and understand this new form of healthcare. Our goal with any information shared is to further the understanding of functional neurology, laser therapy, chiropractic, and other modalities or methods utilized. All photos and videos will be tactful.

- I agree
- I disagree

Non-Refundable Deposit

I understand that for **Intensive Functional Neurology** appointments that have more than 8 hours booked in one week, the office will request a nonrefundable deposit of \$1,000 to hold the appointments. I understand that the deposit amount will go toward the full cost of the Intensive Functional Neurology appointment and is non-refundable and non-transferable.

- I agree

Acknowledgement

By signing below, you acknowledge that you have fully read or have had the chance to read all information contained within this document and have had an opportunity to ask any questions or concerns and agree with these terms and information.

- I agree

Signature

Date ____/____/____

Date ____/____/____

Parent or legal guardian (If under the age of 18)