

## **New Member Intake and Financial Policies – Consents**

### **Contact**

Smiley Family Chiropractic & Wellness Center will 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 notifications about current research or goings on in the field of chiropractic, Functional Medicine, Functional Neurology, Functional Endocrinology, or health in general. Dr. Jessica Smiley, Dr. Brittany Steward, and/or Dr. Sara Wiatrek 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](mailto:smileyfamilychiropractic@msn.com) and/or [drsmiley\\_sfcwc@hotmail.com](mailto:drsmiley_sfcwc@hotmail.com), or (423)442-2100 and/or (423)295-4406 to contact me when needed.

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### **Insurance and Billing**

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 for any services outside of Chiropractic (Chiropractic services include: examinations, X-rays, re-evaluations, and adjustments) . 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 30 days of receiving the invoice, unless otherwise agreed upon. If payment is not received within 30 days Smiley Family Chiropractic & Wellness Center may begin collection procedures if deemed necessary and/or begin to add a late fee of 10% of the total owed or a past due fee of \$10, whichever one is greater to the uncollected balance per month from the date of service.

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### **Cancellation Policy**

I fully acknowledge that Smiley Family Chiropractic & Wellness Center will enforce a cancellation policy if I fail to cancel my appointment less than 24 hours in advance for Functional Neurology or Functional Medicine appointments 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 50% of the scheduled appointment will be collected.
- If an Intensive Functional Neurology appointment is cancelled between 8-14 days before the appointment, 50% of the scheduled appointment will be collected. If an appointment is cancelled within 0- 7 days a 100% of the scheduled appointment will be collected.

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

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### **HIPPA**

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

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**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.

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**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 scheduling intensive appointments, 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 and is non-refundable and non- transferable.

\_\_\_\_\_ initial

**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 are in agreement with these terms and information.

\_\_\_\_\_ initial

\_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

**Signature**

\_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

**Parent or legal guardian (if under the age of 18)**