

Calzaretto Chiropractic Center

Anthony F. Calzaretto D.C.
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Thank you for choosing Calzaretto Chiropractic Center for your health care needs! Our mission is to provide and maintain an excellent physician- patient relationship. Letting you know in advance of our office policies allows for good flow of communication and enables us to achieve our goal! Please read this carefully and if you have any questions please do not hesitate to ask a member of our staff.

Insurance: If you are treating in our office under a health insurance plan (it is a contract between you and your insurance carrier), then it is your responsibility to know the terms contained under your policy regarding coverage, co-pays, co-insurance, deductibles, out of pocket maximums, and any non-covered services. Your most up to date insurance card must be presented to the office on a yearly basis, and if there is a switch in your plan you must alert our office as soon as possible.

INITIAL: _____

Referrals: If a referral is required by your plan to see a specialist be sure to give our office a minimum of 48 hours notice within your initial appointment. You are in charge of contacting your primary care physician to obtain one and our office will alert you when and if you require a renewed referral. There is a \$30 fee for failure to provide a timely referral.

INITIAL: _____

Self Pays: All self- pay visits must be paid at the time of your visit. This means if you are on our cash plan or have a co-pay it must be paid the day of your visit, no exceptions. If you keep track of out of pocket expenses for tax purposes or Flexible Spending accounts, please be sure to request a receipt/proof of payment after every visit.

INITIAL: _____

Missed Appointments: Our office has a missed appointment fee of \$30 per visit if you do not alert our office 24 hours before your scheduled appointment. This is required for all case types; Health, Auto, Slip & Fall, etc.

INITIAL: _____

Motor Vehicle Accidents: We will bill your motor vehicle insurance or health insurance company (if primary), if you do not have a copy of your motor vehicle insurance card, claim number, and an adjuster name and do not provide one within 48 hours of your initial visit all claims will become patient responsibility and must be satisfied through your settlement process.

INITIAL: _____

Miscellaneous Fees:

\$20 short-term disability, FMLA, leave of absence form completion.

\$20 minimum for medical letters, miscellaneous.

Medical Records \$1 per page – up to 100 pages.

Flexible Spending/ Reimbursement Letter \$10.00 minimum

Patient Name (Printed): _____

Patient/ Guardian Signature: _____

Date: _____