



Bellevue Chiropractic

1800 116TH Ave NE Ste 101 Bellevue, Washington 98004 (425) 637-0094

Welcome to our office

During the course of your treatment, we will do everything in our power to make your visit informative and pleasurable, while providing you with the best possible care. Please take a few minutes to review our Office Policies. ***Some of our policies have changed.*** Should you have any questions, please feel free to ask any of our Doctors or our staff.



Office Hours

Our office is open Monday through Friday from 8:00am to 6:00pm and Saturdays from 9:00am-3:00pm. Appointments are strongly recommended, but we will always attempt to accommodate a walk-in request if possible. Should you require emergency chiropractic services when our office is closed, please call Dr. John Wisman at 425-444-3544, Dr. David Mayes at 425-492-6477, Dr. Rachel Hernal 510-305-7043, or Dr. Fraser Oliver 867-445-9243. For all other urgent concerns or if you are unable to reach your doctor after hours in an emergency, please dial 911. We can accommodate appointments outside of these business hours on a case-by-case situation, by appointment only.

Appointment Scheduling

Your Doctor has designed a specific course of action for your proper care which includes spinal correction and wellness care. To facilitate this, a personal appointment calendar has been designed for you. This will save you time by minimizing your time in the office and allowing you to incorporate your appointments into your busy schedule. If your doctor is unavailable for any reason, your care will be continued by our other Doctors. Our office utilizes a unified system of care so that all of our Doctors provide the same level of care and attention to details.

It is our office policy that you make your next appointment(s) according to your Doctor's recommendation before you leave our office. This helps you get the desired Doctor and appointment time, while saving our staff hours of phone time each day. If you are not sure of your schedule, please make a tentative appointment. You can always call, text, or e-mail our office if you need to change your appointment.

Missed Appointments

We respectfully request that you give 24 hours notice to cancel or change an appointment for chiropractic, nutritional or massage services. We understand that everyone has a busy schedule, so we will work with you to facilitate the care you need. If appointments are repeatedly missed or rescheduled without 24 hour notice, we will regretfully have to dismiss you from care. Ideally, missed or rescheduled appointments should be made up the same day or within 24 hours. "No Show" appointments may be subject to a \$35 charge. Please give 24 hours notice so that we may serve other patients in need at your scheduled time.

The frequency of your treatment schedule is of paramount importance to your results. We ask that each patient assume the responsibility of strict adherence to the appointment program as it has been designed to help you achieve optimal results.

We sincerely attempt to honor all appointments at the scheduled time. If you are late or walk-in without an appointment, you may be asked to wait for the next available appointment time. If you have any questions regarding our office policy or your appointments, please do not hesitate to ask.

Massage Policy

Massage is offered in 50 minute hands-on sessions and is available by appointment only. Massage appointments are scheduled on the hour. Please ask the front desk for availability.

All massage services are provided by Bellevue Chiropractic. We offer medically necessary treatment massage as well as relaxation massage. Relaxation massage is not reimbursable by insurance and must be paid in full at the time of service. Many insurance companies require a prescription for treatment massage to be payable and have stipulations regarding treatment guidelines to be payable. Please ask us for details regarding your insurance requirements before scheduling. If your insurance company determines your treatment was not medically necessary, you will be responsible for any denied charges.

If you must cancel a chiropractic appointment, please inform the front desk if you must also cancel a corresponding massage visit. Otherwise, the 24 hour notice rule applies and you may be charged \$35 for a missed appointment.

Financial Policy

We are committed to providing you with the best possible chiropractic care. A clear understanding of our financial policy is important to our professional relationship.

1. Co-pays and cash (non-insurance) visit fees are due at check-in. We accept the following forms of payment: cash, personal checks, debit cards, Visa, Master Card, American Express and Health Savings Accounts (online payments or HSA card with major credit card logo).
2. The patient is always responsible for the payment of their care, including all uncovered services and bills not reimbursed by third party payers.
3. Returned NSF checks are subject to a \$35 fee per occurrence.

4. We will attempt to bill your insurance as a courtesy to you. Unless previous payment arrangements are made, we will bill your insurance and wait up to 60 days to get paid; however, we will require a credit card on file with your permission to resolve any outstanding balances beyond 60 days.
5. Insurance coverage is never guaranteed. Our office does not promise that an insurance company will reimburse you for the usual and customary charges provided by our office, nor will we enter into any dispute with an insurance company over the amount of reimbursement. We will try to help you in any way possible to provide any necessary documentation for you to appeal if necessary. If there are any problems between the insurance company and the patient, the latter may file a grievance directly with the insurance company.
6. Your insurance company determines benefits when they receive our billings. Any statement made by our staff regarding your coverage in no way guarantee that your care here will be covered by your insurance company, and you will be responsible for your account, regardless of insurance or third party payers. Although we attempt to verify insurance benefits, in order to give you an estimate of financial responsibility, the insurance companies always give us the disclaimer that it is not a guarantee of benefits or payment and that payment decisions will not be determined until the claim is received.
7. The office manager may approve account balances and payment plans. Active scheduled monthly payments are required. Balances over 60 days past due may be charged a service fee of 12% per year compounded monthly. Accounts where no payment has been made within 60 days may be sent to a third party collection agency. Any additional collection fees will be the responsibility of the patient.
8. If you are treating for an auto accident, please let us know when you are done treating and planning on settling your case, so that we can provide you an accurate final balance due, if any, to be paid at settlement. You are ultimately responsible for making sure all outstanding bills are paid in full, whether or not you were at fault for the accident. You may hire an attorney to help assist in this process. Please have them send a letter of representation to our office to have on file, so that we can communicate with them regarding outstanding bills and status of your case.
9. The office reserves the right and may file Claim of Liens For Medical Services in cases involving third-party liabilities. The cost of this filing is set by legislature and may be added to the account. Upon satisfaction of the lien, this office will file or provide a Release of the Claim of Liens For Medical Services.
10. Lastly, please feel free to ask us any financial questions you may have. We have flexible auto-bill plans that allow you to pay monthly (i.e. on pay day or another day that is more convenient), so that you do not have to stop and pay at each visit. The majority of our patients pre-schedule out the times that generally work best and have a credit card on file to run their portion of the bill monthly, in order to save time in the office. Our staff is here to assist you in making scheduling and paying your bill as convenient as possible. Our intent is to provide you with the highest level of service and care.

YOUR SIGNATURE BELOW ALLOWS ASSIGNMENT TO THIS OFFICE FOR COLLECTION OF BENEFITS (INSURANCE PAYMENTS) AND ALSO AUTHORIZES THIS OFFICE TO RELEASE DAILY CHART NOTES WHEN NECESSARY FOR THE PROCESSING OF CLAIMS

**If you choose to not bill your insurance or have chart notes released to your insurance company, you may pay in full for your treatment instead. In this case, information will only be released to your insurance company with your signed written request allowing us to do so.*

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE OFFICE AND FINANCIAL POLICIES CONTAINED HEREIN.

X Patient's Name (Print Legibly): _____

X Patient or Guardian's Signature: _____ Date: _____

Please initial below if you accept responsibility for emails containing protected health information (PHI) as the final end-user. Bellevue Chiropractic is not at fault for any information that is sent to my email that I do not want others to see.

____ I would like to OPT-IN to receive emails from Bellevue Chiropractic.

____ I would like to OPT-OUT from receiving emails from Bellevue Chiropractic.

I have been offered the attached copy of the HIPAA Privacy Practices and have requested:

____ A paper copy

____ An electronic copy by email

____ No copy please. I have been offered a copy to read and I acknowledge a copy can be requested at any time and is available in the lobby for reference.

X Patient or Guardian's Signature: _____ Date: _____

Witness: _____ Date: _____

Lastly, it is the goal of this office to provide you with the finest quality of Chiropractic care available. We appreciate your confidence in our abilities. If you have any questions with regard to your health care or any of our policies, please let us know. We look forward to your referrals and a positive Doctor-Patient relationship.