

Colonia Spine & Wellness Center

Privacy Notice

In the course of your care as a patient at Colonia Spine & Wellness Center we may use or disclose personal and health related information about you in the following ways:

- ❖ Your personal health information, including your clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment or treatment.
- ❖ Your health care records as well as your billing records may be disclosed to another party, such as an insurance carrier, an HMO, a PPO, or your employer, if they are or may be responsible for the payment of your services.
- ❖ Your name, address, phone number, and your health care records may be used to contact you regarding appointment reminders, information about alternatives to your present care, or other related information that may be of interest to you.
- ❖ Your protected health information may be disclosed through electronic billing of insurance claims.

If you are not at home to receive an appointment reminder, a message may be left on your answering machine. Further, you have the right to inspect or obtain a copy of the information we will use for these purposes. You also have the right to refuse to provide authorization for this office to contact you regarding these matters. If you do not provide us with this authorization it will not affect the care provided to you or the reimbursement avenues associated with your care.

Under federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in these following circumstances:

- ❖ If we are providing health care services to you based on the orders of a health care provider. If we provide health care services to you in an emergency.
- ❖ If we are required by law to provide care to you and we are unable to obtain your consent after attempting to do so.
- ❖ If there are substantial barriers to communicating with you, but in our professional judgment, we believe that you intend for us to provide care.
- ❖ If we are ordered by the courts or another appropriate agency.

Any use or disclosure of your protected health information, other than as outlined above, will only be made upon your written authorization.

We normally provide information about your health to you in person at the time you receive chiropractic care from us. We may also mail information to you regarding your health care or about the status of your account. If you would like to receive this information at an address other than your home or, if you would like the information in a different form please advise us in writing as to your preferences.

You have the right to inspect and/ or copy your health information for seven years from the date that the record was created or as long as the information remains in our files. In addition, you have the right to request an amendment to your health information. Requests to inspect, copy or amend your health related information should be provided to us in writing.

We are required by state and federal law to maintain the privacy of your patient file and the protected health information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information.

We are further required by law to abide by the terms of this notice while it is in effect. We reserve the right to alter or amend the terms of this privacy notice. If changes are made to our privacy notice we will notify you in writing as soon as possible following the changes. Any change in our privacy notice will apply for all of your health information in our files.

Information that we use or disclosed based on this privacy notice may be subject to re-disclosures by the person to whom we provide the information and may no longer be protected by the federal privacy rules.

If you have a complaint regarding our privacy notice, our privacy practices or any aspect of our privacy activities you should direct your complaint to:

Dr. Glenn Bager
Colonia Spine & Wellness Center
15 Prospect Lane Suite 1-D
Colonia, NJ 07067
(732) 827-0028

This notice is effective as of April 14, 2003. This notice, and any alterations or amendments made here to, will expire seven years after the date upon which the record was created. My signature acknowledges that I have received a copy of this notice.

_____	_____	_____
Name (printed)	Signature	Date

If you are a minor or if you are being represented by another party:

_____	_____	_____
Personal Representative (Printed)	Personal Representative (Signature)	Date

Colonia Spine & Wellness Center
1 Prospect Lane, Suite 1D — Colonia, NJ 07067
(732)-827-0028 fax: (732)-827-0018

INTRODUCTION:

The insurance industry has become a highly complex area of health care that has the potential to create a great deal of confusion among the patients and health care providers. There are many misconceptions associated with today's health care coverage. We are providing this information in an effort to inform you, our patient, of the financial policies that are used at this office. It is our goal to identify the problems early on and make your treatment experience in our office as pleasant and efficient as possible. We are here to serve and assist you during the course of your treatment and care.

INSURANCE POLICIES:

An insurance policy is a contract between you and your employer and a specific insurance company. The benefits that you will receive are based on the terms of the contract that was negotiated between your employer and that insurance company. The goal of most policies is to provide some form of financial assistance for defined medical and surgical services. The services selected are based on the cost of the policy and the negotiated arrangements made with the insurance company. **IT REMAINS THE PATIENTS RESPONSIBILITY** to understand the limitations of this policy.

WE CAN HELP:

This office is actively participating with a wide range of medical insurance companies in an effort to make quality health care more available and affordable to our patients. Each and every insurance carrier has set fourth their own set of very specific guidelines that must be followed in order to insure coverage of the services that we provide. We try to ensure that our staff is aware of the basic policies of some of the different plans and how they will affect your treatment, but there are many different company plans and policies each with their own nuances that frequently change with time. Please remember that there are many different company plans and policies. **It is equally important that you make every effort to understand your particular plan and the rules and regulations that apply to you the patient.**

COVERED AND NON-COVERED SERVICES:

We request that you provide our office with a current and up to date copy of your insurance ID card prior to the time or service and provide our staff with any and all changes regarding insurance and address changes prior to services rendered. We cannot be responsible for problems that may arise as the result of inaccuracies in the information that you provide. In order to take full advantage of your covered services, it is critical that you follow all insurance guidelines exactly as described by the specific plan. This pertains primarily to properly completed referrals and eligibility cards. Our office will be happy to offer assistance; however, it remains the patients' responsibility to be sure all paperwork is in order prior to treatment.

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OUT OF NETWORK PLANS:

We are happy to see patients who are in other insurance plans or uninsured, however, please note that many insurance plans that our office does not participate with, a payment in full or potentially refundable deposit to cover fees for uncovered services, co-payments, as well as insurance deductibles (as defined by your specific plan) is required at the time of service. You should be assured that if or when our office receives insurance payment, pertaining to a specific office visit with an explanation of benefits (EOB), if there is an over payment, any appropriate funds would be refunded immediately.

If you are unable to make payments in full or leave a deposit for services provided, we will gladly submit your treatment plan details to your primary insurance carrier and bill you in full within 30 days of service.

A FINAL NOTE OF FINANCIAL RESPONSIBILITY AND FEES:

It should be noted that participants with a specific insurance carrier does not ensure you that the claims will be fully reimbursed. Although charges incurred will be billed in accordance with your plan provisions that may include specific limitations and exclusions, your insurance may have specified coverage under that plan when the charges are incurred. Any secondary insurance submission is the patients' responsibility and payment will come to the patient directly. The responsibility for any unpaid or uncovered services remains with the patient.

Be advised any balance unpaid after 90 days aging, a 1.5% interest charge will be added for each month delinquent. In addition, In the event it becomes necessary to refer any unpaid balance to an attorney for collection, I agree to pay attorney fees of 35% of the unpaid balance due for which I agree to be reasonable. We appreciate your cooperation and thank you for the confidence that you have expressed in us by choosing Colonia Spine & Wellness Center for your medical needs. If you should have any further billing questions regarding your specific financial obligation, please feel free to speak to our office manager at 732-827-0028.

I have read the Insurance information letter provided to me by Colonia Spine & Wellness center. I understand that I am ultimately responsible for any fee incurred for services that are provided, and agree to pay such fees in full.

Patient: _____

Date: _____



Dr. Glenn A. Bager

Chiropractor

RELEASE OF RECORDS

Date: _____

To: _____

Fax#: _____

Patient Name: _____

D.O.B.: _____

Signature: _____

I am requesting that any diagnostic testing results be faxed to:

Colonia Spine and Wellness Center
15 Prospect Lane, Suite 1D
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Fax# (732) 827-0018

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