



**Pearson & Weary Agreements**  
**HIPPA Privacy**

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that communications of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (please check all that apply).

- It is okay to leave a message with detailed information       Leave call back number only

I give permission for all staff and doctors of Pearson & Weary Clinic to discuss my patient care and billing account with the following person(s)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

In order for my Doctor and scheduler to contact me, I prefer to be contacted in the following manner:

- Emailed       Texted       Called       1 day prior to visit       2 days prior to visit

**Financial Policies**

I agree to pay for services rendered as the charge is incurred. I understand that health care and accident insurance policies are arrangements between an insurance carrier and myself and that I am personally responsible for payment of any all services, covered or non-covered. If the doctor is a contracted provider for my managed care plan, I understand I am responsible for all co-payments, co-insurances, deductible and non-covered services. I also agree to pay for all copays and non-covered services after seeing the doctor. I authorize the doctor and his/her staff to release any information deemed appropriate concerning my physical condition to any insurance company, claims adjustor, case nurse, claims reviewer, employer, health care provider of attorney in order to process any claim for reimbursement or charges incurred by me as a result of the profession services rendered and hereby release him/her of any consequences thereof. I hereby authorize and direct payment of any all medical/ chiropractic expense benefits allowable to the doctor as payment toward the total charges for the professional services rendered.

If required by my health insurance policy it is my responsibility to obtain a referral for my primary care physician prior to treatment at Pearson & Weary Pain relief Clinic. I also understand that if I do not have prior authorization and it is denied, I am responsible for any charges not covered by my insurance company Benefits are sometimes misquoted by the insurance company, and I understand that I am responsible for all services rendered, regardless of how I was quoted.

**Time of Service Discount**

Certain services provided may not be covered by your health plan. Those services however are deemed important to your recovery. Because you are responsible for paying for those services on the date the service is rendered, we offer a time of service discount of \$25.00 for the total non-billed chargers. (This will not include supplements or supplies.)

**Cancellation Policies**

We realize that emergencies come up, but if you need to cancel an appointment for any reason we do require 24 hours notice. We do have a waiting list of other patients who are in pain and would to be seen as soon as possible. By giving us adequate notice of your cancellation, we are able to help others more quickly.

Chiropractic Policy: If you do not contact our office prior to your scheduled appointment on more than (2) two occasions, you will be billed for a missed appointment fee of \$50.00.

Massage Therapy Policy: If you do not contact our office prior to your scheduled appointment on more than (1) one occasion, you will be billed for a missed appointment fee of \$50.00.

\_\_\_\_\_  
Patient's or Guardian Printed Name

\_\_\_\_\_  
Patient's or Guardian Signature

\_\_\_\_\_  
Date