

Office Guidelines and Policies

Welcome! Please take the time to review the following office guidelines and policies so that we may better serve you. This information outlines our terms for providing service and will help clarify any questions you may have before making an appointment.

Fees

Our goal is to provide you with the best personalized health care at an affordable price. To this end we have not contracted with any insurance companies as an in-network provider. By doing this, we avoid the cost of billing insurance companies and we pass this savings on to you by offering a significant discount on fees. In addition to this discount, your insurance company may reimburse you for some or all of your out-of-pocket expenses (contact your insurance company for details specific to your policy). We are happy to provide you with the necessary documentation to obtain reimbursement from your insurance company and assist you in obtaining reimbursement. Please note, many but not all insurance plans will reimburse for out-of-network care.

Our average fees for an initial evaluation (ranging from 45 to 90 minutes with the doctor) are from \$95 to \$155. X-rays, if required, and follow-up visits are billed per the fee schedule below. Outside lab and imaging fees are performed at our cost, with no added mark-up.

We do accept Medicare as a Non-Participating Physician. This means that we collect the full amount of your visit charges at the time of service and then send in your Medicare billing for you. Medicare and your secondary insurance policy (if you have one in place) will then reimburse you by sending a check directly to you in the mail. Medicare typically reimburses the patient 80% of the fees that are listed under 'Medicare'.

Description	Medicare	Time of Service
Adjustment, spinal 1-2 regions	\$ 27.24	\$49
Adjustment, spinal 3-4 regions	\$ 37.69	\$ 59
Adjustment, spinal 5 regions	\$ 49.13	\$69
Adjustment, extra-spinal	N/A	\$16
Re-exam	N/A	\$65 - \$90
Manual therapies (Graston)	N/A	\$28
Orthotic fitting	N/A	\$ 35
X-rays	N/A	\$40 per view
Nutritional consultation	N/A	\$50

Retail Sales

Dr. Richards often recommends nutritional support products such as vitamins, minerals, enzymes, botanicals, antioxidants, and other natural remedies. Although she does suggest commercial products (health food stores, online, etc.), most are recommended from our office for several reasons. Years of clinical experience show that most

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commercial products are poor quality, in spite of the label claims. Dr. Richards carefully selects professional grade products that are not sold directly to the public, from various reputable manufacturers. The costs of these products, if needed, are not included in the evaluation or consultation fees. No patient is required to purchase products from our office, however if you choose to purchase OTC products of lesser quality, you should not be surprised if you obtain sub-optimal results.

Return Policy

Product returns must be made within thirty (30) days of purchase. Un-opened products (supplements and/or orthopedic supports/supplies) that are returned within 30 days will be given a full refund, less a 10% restocking fee. All supplement returns must be unopened and sealed inside the original packaging. Opened supplements may not be returned. No refunds are offered on services rendered.

No Show & Cancellation Policy

Dr. Richards is committed to offering the best service to as many people who need her services, and she commits the best resources available to your appointment. Therefore, we require a minimum 24-hour cancellation notice on all appointments. No-shows or cancellations with less than a 24-hour notice will be billed the full fee of the appointment. Our staff will make every attempt to remind you of your appointment, but it is ultimately your responsibility to remember.

Patient Name: _____

Release of Information *(all patients must sign this section)*

I authorize the release of any information concerning my health and health care services to my insurance companies, pre-paid health plan or Medicare.

Signed _____ Date _____

Payment Agreement *(all patients must sign this section)*

Payment for the initial consultation and treatment with Dr. Richards is required at the time of service. For your convenience, we accept cash, checks, MasterCard and Visa.

If you have no chiropractic insurance coverage, all fees are due at the time the services are rendered.

If you have chiropractic insurance, we are interested in you receiving the maximum benefits. However, please be advised:

1. Your insurance policy is a legal contract between you, your employer, and the insurance company. We, as healthcare providers, are NOT a party to that contract.
2. Dr. Richards is not a member of any HMO, PPO, or other provider networks. Therefore, any coverage you may have for services provided in this office will be deemed "out-of-network coverage" by your insurance company.
3. Many insurance companies will advise you that your coverage will be a percentage, e.g. 80% of treatment charges, usually after a yearly deductible amount has been paid by you directly to us. What is often not specified by the insurance company are plan fee schedules, annual maximums, and other limitations that will have a direct bearing on the reimbursement allowed.
4. You remain ultimately responsible for all charges incurred in this office.
5. Appointments missed, or cancelled without providing 24 hours notice will be charged at the regular fee.

Signed _____ Date _____