



PATIENT INFORMATION

TODAY'S DATE _____

Last Name _____ First Name _____ Middle Initial _____

Address _____
street city state zip

Date of Birth _____ Age _____ Social Security # _____ Sex M F
mm/dd/yyyy

Home Phone _____ Cell Phone _____

Email _____

Employer _____ Occupation _____

Employer Address _____ Work Phone _____
street city state zip

Family/Primary Physician _____ Phone _____

Nearest Relative _____ Phone _____ Relationship _____

Emergency Contact _____ Phone _____ Relationship _____

How did you hear about us/who referred you? _____

PAYMENT INFORMATION

Would you like us to seek reimbursement from your insurance company for their portion of your bill? Yes No

Primary Insurance Provider _____

Policy # _____ Group # _____

Insurance Contact Phone # _____ Fax _____

Insurance Company Mailing Address _____
street city state zip

If someone else is responsible for your bill (Guarantor), please complete the following information:

Guarantor's Name _____ Home Phone _____

Address _____ Cell Phone _____
street city state zip

Employer _____ Work Phone _____

Guarantor DOB _____ Guarantor SS# _____

Patient's relationship to Guarantor _____

CREDIT CARD ON FILE (OPTIONAL) Card to be used for billing of services not paid at time of service.

Credit card # Expiration date security code Name as it appears on card

Client Signature Date Guarantor signature (if different)



Fee Schedule

Initial Consultation (15min)	No Charge
Evaluation	\$150-\$250
Chiropractic Manipulation	\$50-\$70
Myofascial Release	\$25-\$50
Therapeutic Exercise	\$25-\$50
Neuromuscular Re-Education	\$25-\$50
Laser Therapy	\$50
Massage Therapy	\$80-\$180
Sports Physical	\$30
Functional Movement Assessment	\$75
Cash Office Visit*	\$80

*Includes all necessary therapies, except laser therapy
 **Fees subject to change without notice

Payment Agreement

All fees are due at the time the services are rendered. For your convenience, we accept cash, checks, Visa, Mastercard, & Discover. Appointments missed, or cancelled without providing 24 hours notice are subject to a \$25 fee. There will also be a \$25 service charge on all returned checks.

If you have chiropractic insurance, as a courtesy to you, our office will submit claims to your insurance company. 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. Your insurance policy may have a yearly deductible that you will be required to satisfy before coverage begins. Additionally, coverage may be a set co-pay or a percentage of the allowed amount. There are also visit limits, annual maximums, and other limitations that will have a direct bearing on the reimbursement allowed.
3. HMO insurance plans usually only cover the adjustment and one modality. If additional treatment modalities are required, they will be your responsibility and payment will be due at time of service.
4. Any insurance balance unpaid after 90 days becomes your responsibility. You remain ultimately responsible for all charges incurred in this office.

Release of Information & Assignment of Benefits

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

I authorize and direct that payment be made directly to:

Premiere Spine & Sport
4982 Cherry Ave, San Jose CA 95118

for any and all insurance benefits or reimbursements for services rendered which amounts would otherwise be payable to me under any insurance or pre-paid health care plan.

 Patient Signature

 Date

 Patient Name - Print



NOTICE OF PRIVACY PRACTICES (HIPPA)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The chiropractic physicians at Premiere Spine & Sport are required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our patients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Your Health Care Information

Treatment: We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations.

Payment: We may disclose your health information to your insurance provider for the purpose of payment and/or health care operations.

Worker's Compensation: We may disclose health information as necessary to comply with State Workers' Compensation Laws.

Emergencies: We may disclose health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of emergency.

Public Health: As required by law, we may disclose health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Judicial and Administrative Proceedings: We may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement: We may disclose your health information to law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Deceased Persons: We may disclose your health information to coroners or medical examiners.

Research: We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

Public Safety: It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies: We may disclose health information for military, national security, prisoner and government benefit purposes.

Marketing: We may contact you for marketing purposes as described below:

As a courtesy to our patients, it is our policy to call you on the day prior to your scheduled appointment to remind you of your appointment time. If you do not answer, we will leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this reporting or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.

As a service to our patients, it is our policy to occasionally send a health newsletter or a flyer regarding upcoming health classes or events offered on our premises or organized by Premiere Spine & Sport. It is not our policy to disclose any personal health information about your condition for the purposes of these marketing mailings.

Occasionally we will send birthday or holiday greetings or health reminders to our patients. It is not our policy to disclose any personal health information about your condition in these mailings.

Change of Ownership: In the event that Premiere Spine & Sport is sold or merged with another organization, your health information/record will become the property of the new owner.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Premiere Spine & Sport is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method when sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy health information.
- You have a right to request that Premiere Spine & Sport amend your protected health information. Please be advised, however, that Premiere Spine & Sport is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can't disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by Premiere Spine & Sport.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.



NOTICE OF PRIVACY PRACTICES (HIPPA) (continued)

Changes to this Notice of Privacy Practices

Premiere Spine & Sport reserves the right to amend this Notice of Privacy Practice at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Premiere Spine & Sport is required by law to comply with this Notice.

Premiere Spine & Sport is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect your health information. If you have questions about any part of this notice or if you want more information about your privacy rights please contact: Premiere Spine & Sport by calling this office at 408-448-4445.

Complaints

Complaints about your Privacy Rights or how your health information has been handled should be directed to Premiere Spine & Sport by calling this office at 408-448-4445.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature below, I provide Premiere Spine & Sport with my authorization and consent to use and disclose my protected health care information for the purpose of treatment, payment and health care operations as described in the Privacy Notice.

Patient Signature

Date

INFORMED CONSENT FOR PURPOSE OF TREATMENT

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physical therapy and diagnostic x-rays, on me (or on the patient named below, for whom I am legally responsible) by the doctors of chiropractic at Premiere Spine & Sport and/or other licensed doctors of chiropractic who now, or in the future, treat me while employed by, working or associated with or serving as back-up for the chiropractic physicians of Premiere Spine & Sport.

I have had an opportunity to discuss with the doctor chiropractic, and/or with other office or clinic personnel at Premiere Spine & Sport, the nature and purpose of chiropractic adjustments and procedures. I understand and am informed that, as with all healthcare treatments, results are not guaranteed.

I further understand and I am informed that, as is with all healthcare treatments, in the practice of chiropractic there are some risks to treatment, including but not limited to, muscle spasms for short periods of time, aggravating and/or temporary increase in symptoms, lack of improvement in symptoms, fractures, disc injuries, strokes, dislocations and sprains. I do not expect the doctor to be able to anticipate and explain all risks and complications, and I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctors feels at the tie, based upon the facts then known, is in my best interest.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Patient Signature

Date

Patient Name - Print

Parent/Guardian Name - Print (if Patient is under 18 years of age)

Authorized Facility Signature

Date