



Dear Patient:

Insurance plans have become increasingly complex and restrictive. Our office cannot be responsible for determining your insurance plan coverage for lab work, diagnostic testing, "annual visits", or only visits necessitated by a medical problem. Since your insurance plan is a contract between you and your insurance company, we urge you to be familiar with your coverage.

Please be aware that referrals, if necessary, must be obtained prior to your visit. We also are unable to change or alter the facts in order for you to obtain coverage for your office visit.

Please feel free to discuss with our staff any aspect of your insurance coverage. Your input regarding your plan's specifics will be most helpful.

STATEMENT OF POLICY:

It is customary to pay for services rendered the day of your visit, unless you have made prior financial arrangements with this office. New patients are asked to pay for their initial consultation, exam and treatment the day of service. Those with insurance will be provided with a receipt to submit for reimbursement of the charges incurred on the initial visits unless the doctor participates with your insurance.

On visits after that date, once insurance coverage and deductible are verified, patients are asked to make their co-payment on either a per visit or weekly basis. This office only submits to primary carriers; patients are responsible for submission to secondary carriers.

Also, we will continue to submit insurance only as long as patients are in acute treatment which requires office visits more frequently than once a month. Those patients seeking treatment infrequently, or on a once a month maintenance visit will be provided with an insurance receipt to submit on their own behalf.

Note: Nutritional consultations are not covered by insurance. Payment for this service is expected when actual services are rendered.

If you have any questions, please do not hesitate to ask. Thank you for choosing Integrated Health Care!

_____ Please sign here indicating that you have read and understood the above information and agree to cooperate with office policy.

Please complete this section ONLY if we are submitting to your insurance for Chiropractic Care.

Patient: _____ Employer: _____
Claim/Group: _____ SS#/ID#: _____

I hereby instruct and direct _____ Insurance Company to pay by check made out and mailed to:

INTEGRATED HEALTH CARE
Christopher J. Bump, D.C., C.N.S., C.C.N., F.I.A.C.A.
P.O. Box 1010, McAfee, NJ 07428

For professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the charges for the professional services rendered. This is a direct assignment of my rights and benefits under this policy. This payment will not exceed my indebtedness to the above-mentioned assignee, and I have agreed to pay in a current manner, any balance of said professional service charges over above this insurance payment. A photocopy of this Assignment shall be considered as effective and valid as the original.

I authorize doctor to initiate a compliant to the Insurance Commissioner for any reason on my behalf.

Dated at Vernon, NJ this _____ of _____, 2008.

Signature of Policyholder

Witness

Signature of Claimant, if other than Policyholder

NOTICE OF ACKNOWLEDGEMENT:

Patient/Personal Representative Signature

Date

If Personal Representative's signature appears above, please describe relationship to the Patient: _____

NOTICE OF PRIVACY PRACTICES:

The attached 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. By signing this you acknowledge receipt of our written privacy practices.

This notice of privacy practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). The attached notice describes how we may use/disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access/control your protected health information. Your "protected health information" means any of your written and oral health information, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health conditions.

Signature