



Burland Chiropractic

Dr. Brandi Burland
Chiropractic Physician

10600 SE McLoughlin Blvd. Suite 101
Milwaukie, OR 97222
503.974.9777

OFFICE POLICY

Please read this document and initial next to your choice of payment, then sign the back. This form will continue to be in use unless you have a new method of payment, such as worker's compensation, personal injury or a private health insurance change.

_____ **CASH** – Cash, checks, and credit/debit cards will be considered “cash”. With this option, you are fully responsible for payment and are eligible for a time of service discount on services rendered. The discount is only given if there is a zero balance on your account. No insurance will be billed with this option.

_____ **PRIVATE HEALTH INSURANCE** – If you are entitled to chiropractic benefits with an employer sponsored health plan, we will bill the cost of your visit to the insurance company. With this option you are still responsible for your co-pays, deductibles and percentage of liability at the time of service. Please verify your personal benefits so you understand what to expect. We will verify benefits as well, but this may not guarantee payment by your insurance company. In this rare instance, you are ultimately responsible for services received at the full rate fee schedule. If there is a change in your policy, please contact our office, so we may update your information.

_____ **PERSONAL INJURY – MOTOR VEHICLE COLLISION (MVC)** If you are covered by an Oregon policy, you are entitled to Personal Injury Protection (PIP), or “no fault” coverage. This is required by all insurance policies in the state of Oregon and provides \$15,000 in coverage for EACH person in the car at the time of the accident. This PIP coverage is active for one year and will be monitored by your insurance carrier for medical necessity. Your claims will be paid until you have reached pre-injury status or reached policy limits. If you choose this option, you must contact your insurance carrier and inform them you are receiving care at this clinic. At your next appointment, you will need to bring the claim number, claim billing address, claim adjustor's name, and direct phone line. It is also advised that you keep a journal of your day-to-day levels of pain, treatment rendered, and document each conversation in your journal in case you need to recall this information at a later date. This could save you time and assist you in remembering the details.

_____ **WORKER'S COMPENSATION** – Select this option if your injuries were sustained during the course of employment. Under current Oregon law, a chiropractor is eligible to provide 18 visits, or 60 days of treatment, whichever comes first. We can provide further care with a physician referral once an initial time and treatment has been utilized. We are happy to work with your physician during this process. With this option, you are not responsible for payment at this time. We will bill your employer's insurance for the services rendered. However, if the claim is denied or partially paid, you are responsible for the outstanding balance at the full rate fee schedule.

(Please turn over)



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Please read and initial:

_____ I understand that I will be charged a \$75.00 fee if I do not show up for a scheduled chiropractic appointment, or if I cancel within **48 hours** of appointment. Our office voicemail service and text messaging lines are available 24/7. Please don't hesitate to call or text if necessary to avoid this unnecessary charge.

_____ I also understand that I will be charged a \$75.00 fee if I do not show up for a scheduled massage appointment, or if I cancel within **48 hours** of appointment. Our office voicemail service and text messaging lines are available 24/7. Please don't hesitate to call or text if necessary to avoid this unnecessary charge.

_____ If you are scheduled for massage plus chiropractic treatment on the same day and you do not give proper notice, two separate \$75.00 charges will be assessed, totaling \$150.

_____ Insurance is verified beforehand to ensure medical massage is covered, but if insurance does not reimburse for whatever reason, patient will be responsible for the amount not covered. In this rare instance, Burland Chiropractic will honor the allowable amount per each individual carrier to keep out of pocket costs to a minimum.

Signature of Patient or Personal Representative

Printed Name of Patient or Personal Representative

Date

Description of Personal Representative's Relationship or Authority