

Carbon Valley Chiropractic
Chiropractic Membership Agreement
3560 Stagecoach Rd. Suite D. Longmont CO, 80504

The CVC Chiropractic Membership Agreement is designed to help the member receive quality self-pay care and services at an affordable price. Use of the chiropractic membership may include but not limited to: Use of core strengthening facility, nutritional counseling, health and wellness demonstrations, and all chiropractic modalities that apply to the membership agreement. Chiropractic membership benefits are billed month-to-month on a reoccurring basis. No Refunds are issued if the client does not use the membership benefits during the month. Members must cancel their membership in writing at the facility. Memberships may not be cancelled over the phone.

The No Surprises Act (2020) was designed to prevent patients from any unexpectedly high medical bills. As a result, patients are entitled to a Good Faith Estimate for out-of-pocket or self-pay services prior to treatment. The following fees are included with the Chiropractic Membership:

- Client agrees to an initial fee of \$25.00 for membership application processing.
- Client agrees to an annual deep cleaning and facilities maintenance fee \$49.99 (Billed each January)
- Client agrees to a 30-day billing cycle benefit membership for:



Individual Membership: \$99.99

Number of Memberships for Family: _____

For additional family members please list those participating in a single membership. Please print:

Primary Member's Name: _____ Age: _____

Spouse's Name: _____ Age: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Client agrees to a chiropractic membership of amount in checked box above per 30-day billing cycle. Client understands that their credit/debit card will be billed this amount on a reoccurring basis until client is physically present and notifies Carbon Valley Chiropractic completing a Cancellation Request Form. Cancellations must be received a minimum of 7 business days prior to the next billing cycle or are subject to a non-refundable billing and ending membership the following month. REFUNDS FOR CHIROPRACTIC AND/OR OTHER MEMBERSHIP SERVICES ARE NOT GIVEN. Chiropractic memberships must be cancelled in person at the facility. Memberships may not be cancelled over the phone.

Client understands, Carbon Valley Chiropractic does not make client appointments. All services are walk-in, first come first serve basis. Carbon Valley Chiropractic reserves the right to make changes to posted business hours at any time as known or unforeseen situations or circumstances may arise. When changes are necessary, clients will be notified via email, text, or social media. Refunds are not issued due to changes in posted business hours.

Member Signature: _____ Date: _____

Carbon Valley Chiropractic Signature: _____ Date: _____

Self-Pay Election Acknowledgement & Waiver

I, _____ understand that Carbon Valley Chiropractic, also known as Chiro Fit LLC, is a self-pay Chiropractic clinic. Carbon Valley Chiropractic does not accept any type of health insurance carrier plans or government healthcare programs including HMO or PPO, Medicare or Medicaid. I attest that all information disclosed to Carbon Valley Chiropractic is accurate and true pertaining to the type of insurance coverage I might have. I explicitly agree that I am not utilizing Medicare or Medicaid for my healthcare coverage.

I further attest that I have NOT been in an auto-accident or sustained a work-related injury in the past 6-12 months. Carbon Valley Chiropractic does not provide treatment for auto-accident-related claims or settlements. Further, Carbon Valley Chiropractic is not a provider for Workers' Compensation claims or settlements. I understand that I must finish treatment for auto-related claims as well as for Workers' Compensation claims prior to treatment with Carbon Valley Chiropractic.

Self-Pay Election: I acknowledge and agree that while I may possess the right to utilize health insurance, commercial health plans, or other third-party coverage for medical care, I hereby knowingly, voluntarily, and explicitly waive my right to third-party billing for any and all services rendered by Carbon Valley Chiropractic. I elect to be classified as a "Self-Pay" patient and assume sole financial responsibility for all chiropractic services.

Restriction of Protected Health Information (PHI): I request that Carbon Valley Chiropractic restrict the disclosure of my Protected Health Information (PHI). Under this non-disclosure directive, Carbon Valley Chiropractic shall not release, disclose, or transmit any of my healthcare information, examination reports, treatment records, clinical notes, or billing invoices to any third party—including, but not limited to, commercial health insurance companies, managed care organizations, or government healthcare programs—for the purpose of billing, reimbursement, or payment processing. I acknowledge that this restriction is made voluntarily in conjunction with my election of "self-pay" status.

Payment for any services rendered by Carbon Valley Chiropractic will be collected via cash, check, or credit card payment. REFUNDS FOR CHIROPRACTIC AND/OR MEMBERSHIP SERVICES ARE NOT GIVEN. Chiropractic memberships must be cancelled in person, by filling out a cancellation request at the facility.

Due to rising operating costs a 3.99% electronic payments processing fee will apply to all sales. For example: a \$5.00 purchase will be \$5.20. This does not include cash transactions.

Should Member default on any payment obligation as called for in this agreement, Carbon Valley Chiropractic will have the right to declare the entire remaining balance due and payable and Member agrees to pay allowable interest, and all costs of collection, including but not limited to collection agency fees, court costs, and attorney fees. A default occurs when any payment due under this Agreement is more than fifteen (15) days late. Should any monthly payment become more than fifteen (15) days past due, Member will be charged a late fee. An additional service fee will be charged for any check, draft, credit card, or order returned for insufficient funds or any other reason.

I acknowledge and agree to all terms and conditions set forth by Carbon Valley Chiropractic. I understand that Carbon Valley Chiropractic operates as a self-pay clinic, and I agree to assume sole financial responsibility for services rendered. I hereby release Carbon Valley Chiropractic, its owners, employees, and agents from any and all liability, claims, or legal obligations arising from the non-submission of billing claims to third parties or to the withholding of my protected healthcare information pursuant to the terms of this agreement.

Patient Name Please Print

Date

Patient Signature

Date

Parent Signature for Minors Under 18

Date

Informed Consent to Care, Accuracy Attestation, & HIPPA Acknowledgement

Informed Consent to Care:

You are the decision maker for your health care. Part of our role is to provide you with information to assist you in making informed choices. This process is often referred to as “informed consent” and involves your understanding and agreement regarding the care we recommend, the benefits and risks associated with the care, alternatives, and the potential effect on your health if you choose not to receive the care.

We may conduct some diagnostic or examination procedures if indicated. Any examinations or tests conducted will be carefully performed but may be uncomfortable.

Chiropractic care centrally involves what is known as a chiropractic adjustment. There may be additional supportive procedures or recommendations as well. When providing an adjustment, we use our hands or an instrument to reposition anatomical structures, such as vertebrae. Potential benefits of an adjustment include restoring normal joint motion, reducing swelling and inflammation in a joint, reducing pain in the joint, and improving neurological functioning and overall well-being.

It is important that you understand, as with all health care approaches, results are not guaranteed, and there is no promise to cure. As with all types of health care interventions, there are some risks to care, including, but not limited to: muscle spasms, aggravating and/or temporary increase in symptoms, lack of improvement of symptoms, burns and/or scarring from electrical stimulation and from hot or cold therapies, including but not limited to hot packs and ice, fractures (broken bones), disc injuries, strokes, dislocations, strains, and sprains. With respect to strokes, there is a rare but serious condition known as an “arterial dissection” that typically is caused by a tear in the inner layer of the artery that may cause the development of a thrombus (clot) with the potential to lead to a stroke. The best available scientific evidence supports the understanding that chiropractic adjustment does not cause a dissection in a normal, healthy artery. Disease processes, genetic disorders, medications, and vessel abnormalities may cause an artery to be more susceptible to dissection. Strokes caused by arterial dissections have been associated with over 72 everyday activities such as sneezing, driving, and playing tennis.

Arterial dissections occur in 3-4 of every 100,000 people whether they are receiving health care or not. Patients who experience this condition often, but not always, present to their medical doctor or chiropractor with neck pain and headache. Unfortunately, a percentage of these patients will experience a stroke.

The reported association between chiropractic visits and stroke is exceedingly rare and is estimated to be related in one in one million to one in two million cervical adjustments. For comparison, the incidence of hospital admission attributed to aspirin use from major GI events of the entire (upper and lower) GI tract was 1219 events/ per one million persons/year and risk of death has been estimated as 104 per one million users.

It is also important that you understand there are treatment options available for your condition other than chiropractic procedures. Likely, you have tried many of these approaches already. These options may include, but are not limited to: self-administered care, over-the-counter pain relievers, physical measures and rest, medical care with prescription drugs, physical therapy, bracing, injections, and surgery. Lastly, you have the right to a second opinion and to secure other opinions about your circumstances and health care as you see fit.

I have read, or have had read to me, the above consent. I appreciate that it is not possible to consider every possible complication to care. I have also had an opportunity to ask questions about its content, and by signing below, I agree with the current or future recommendation to receive chiropractic care as is deemed appropriate for my circumstance. I intend this consent to cover the entire course of care from all providers in this office for my present condition and for any future condition(s) for which I seek chiropractic care from this office.

Patient Initials: _____

Accuracy Attestation:

I, hereby attest and certify that the medical history, symptoms, prior injuries, and all personal information provided in the patient intake form are true, accurate, and complete to the best of my knowledge. I understand that providing false, misleading, or incomplete information may negatively impact my care, treatment plan, and billing accuracy. I also acknowledge that no guarantee of specific treatment results has been made to me. I take it upon myself to update the chiropractor regarding any changes in my health status.

Patient Initials: _____

HIPPA Acknowledgement:

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I further understand and acknowledge that any and all of my personal information is private and confidential and shall be handled with the utmost care to protect myself and or my family by Carbon Valley Chiropractic pursuant to all rules and regulations. Additionally, I understand and acknowledge the Notice of Privacy Practices for Protected Health Information provide to me by Carbon Valley Chiropractic. For further information or questions about privacy policies and practices as related to confidentiality or for questions related to billing practices, I understand that I must contact Carbon Valley Chiropractic in writing at: Carbon Valley Chiropractic 3560 Stagecoach Rd. Longmont CO 80504.

Patient Initials: _____

I have read or had read to me and understand Informed Consent to Care, Accuracy Attestation, and HIPPA privacy practices for health care information outlined above as they pertain to both me and my family members participating in care at Carbon Valley Chiropractic.

Patient Name (Please Print): _____

Signature: _____ Date: _____

Parent or Guardian if Under 18 (Please Print All Names Separately): _____

Signature: _____ Date: _____

CVC Representative (Please Print): _____

Signature: _____ Date: _____