

SAN DIEGO CHIROPRACTIC AND HEALING CENTER

Dr. Michael B. Ackerman
1202 Morena Blvd., Suite 200
San Diego, CA 92110
(619) 687-7676

Office Policy – Office Copy

FOR CHANGES OR CANCELLATIONS OF APPOINTMENTS: We offer extended in-depth care, scheduling full hour or half-hour sessions, as compared to the usual 5-15 minute sessions booked in other offices. In kind consideration of this, please notify the doctor at least **48 business hours** in advance for cancellations or changes of appointments (i.e., **please cancel by 9:00 a.m. Thursday, the week before, for a 9:00 a.m. Monday session**). (The office is normally closed Saturday and Sunday, except for emergencies)

Failure to do so may result in a full charge for a missed appointment, or a partial charge for a re-scheduled appointment for the same day. Since missed appointment charges are not covered by auto, health, or liability insurance, they will be your sole responsibility. **Note: Please use only the office voice mail (619) 687-7676 for requesting changes or cancellations of appointments**--messages left at other numbers or via e-mail are not guaranteed to be received.

FEE SCHEDULE: The discounted fee for chiropractic visits is \$55.00 for a 25-30 minute session, (which is about half the 'usual and customary' charge of other chiropractic doctors whose fees average \$55-\$125 for much shorter 5-15 minute sessions.) Your 2 initial office visits are usually longer, lasting approximately one hour, because they also include a comprehensive initial examination as well as a follow-up report of exam findings. These 2 initial one-hour visits are each \$110.00. If the length of any of your visits exceeds the allotted time period, you will be charged on a pro-rated basis at the same rate for any additional time required. In addition to a usual treatment visit, medical reports, orthopedic and nutritional supplies, manual traction, or ancillary physiotherapy/electrotherapy procedures shall each be billed separately. Emergency, weekend, or evening services are at an additional fee. Out-of-town vacationing patient fees may vary, depending on additional level of services provided.

(**Note:** Dr. Ackerman kindly asks your permission to answer urgent or new patient calls which occur rarely during sessions. It is hoped you appreciate the reduced fees he is able to offer by not having an office staff. He will definitely make up for any time missed from a call. If you do not want the doctor to answer any calls during your sessions, you may ask for a new fee schedule to cover the cost of an answering service during your appointments.)

INSURANCE: Your health and accident insurance policies are an arrangement between you and your insurance carrier. This office will gladly assist you with preparing itemized billings to submit to your insurance company; however we do not accept assigned benefits or await reimbursement from insurance carriers. **Signing this form, you agree also to grant a General Release of all medical information to your insurance company to process your claim.**

BILLINGS: To eliminate the need for additional secretarial staff and to keep costs lower for all patients, **itemized billing statements of your account will be provided as often as once per month, but only upon your e-mailed request.** Please make payments at the close of each session, by cash or check, unless other written arrangements are made with the doctor. Credit cards are billed twice monthly. Late payments may be charged a \$15.00 bookkeeping and billing fee. After 30 days, interest will accrue at 1.5% per month.

If you have any questions, please feel free to contact the doctor's voice mail at **(619) 687-7676**. I agree to the office policy and to have my credit card billed accordingly...

Patient Name _____ Signature _____ Date _____

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FEE SCHEDULE: The base fee for chiropractic visits is \$55.00 for a 25-30 minute session, (which is about half the 'usual and customary' charge of other chiropractic doctors whose fees average \$55-\$125 for much shorter 5-15 minute sessions.) Your 2 initial office visits are usually longer, lasting approximately one hour, because they also include a comprehensive initial examination as well as a follow-up report of exam findings. These 2 initial one-hour visits are each \$110.00. If the length of any of your visits exceeds the allotted time period, you will be charged on a pro-rated basis at the same rate for any additional time required. In addition to a usual treatment visit, medical reports, orthopedic and nutritional supplies, manual traction, or ancillary physiotherapy/electrotherapy procedures shall each be billed separately. Emergency, weekend, or evening services are at an additional fee. Out-of-town vacationing patient fees may vary, depending on additional level of services provided.

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If you have any questions or concerns or problems at *any* time, please feel free to contact the doctor's voice mail service at **(619) 687-7676**. He will make every effort to return your call as soon as possible. For urgent needs or emergencies the doctor's cell phone number is **(858) 472-1857**.