

Direct-Pay Policies

Dear Patient:

Before beginning treatment, we would like you to understand Dr. Giangiulio's policy regarding payment for all services rendered.

All patients, with or without health insurance, should know that all services rendered are charged directly to you, the patient. You are personally responsible for payment at the time of the office visit. We are a Direct-Pay office and do not provide itemized bills, or coding for insurance companies.

If requested, you may obtain a copy of our office superbill as a receipt of payment for your records. We do not guarantee reimbursement by third parties based on this office superbill/receipt.

Note: If you are of Medicare age, by law, Dr. Giangiulio may not consult with you or treat you for injury or disease. Medicare laws state that chiropractors who do not directly bill Medicare may not consult or treat patients that are eligible for Medicare.

Thank you in advance for your full cooperation in complying with our fee policy and procedures. We look forward to being of service to you.

I, the undersigned, understand that Jack R. Giangiulio, D.C. has a 24-hour cancellation policy. Less than 24 hours notice of cancellation will result in a "Broken Appointment Fee" of \$50.00. I, the undersigned, will pay for my missed appointments.

(Date)

(Signature of Patient or Guardian)

(Print Name)

(over)

Direct-Pay Fees

1. Payment Policy - (per Direct-Pay Policy Form)
 - a. All Patients - payment is expected at time of services rendered.
 - b. Medicare Alert – may not be treated for injuries or diseases.
 - i. Medicare patients are under the control of Medicare.
 - c. PI Liens and Workers Compensation cases – are not accepted.
 - d. Patient Receipts – may be used for reimbursement by third-parties.
 - e. Administrative Discount - \$10.00
 - i. Given only to patients that pay by cash at time of service.
2. Examination & Office Visit Fees
 - a. Minimum New Patient Fee - \$100.00 (If including the above Administrative Discount)
 - i. May be more based on complexity of condition and/or examination.
 - b. Minimum Established Patient Fee - \$60.00 (If including the above Administrative Discount)
 - i. May be more, based on complexity of treatment.
 - c. Usual Office Visit Range - \$60.00 – \$100.00 (If including the above Administrative Discount)
 - d. Radiographs - not available at this center.
 - e. Brief Insurance Report - \$60.00
3. Out of Office Visit
 - a. Home Visit/Emergency Visit (established patients only) - \$350.00
 - b. Consulting Services - health/fitness, ergonomics, nutrition, expert witness, lectures & media expert
 - i. Time Rates – minimum time parameter 60min.
 1. Hourly - \$350.00 per 60min.
 2. Over Hourly - \$175.00 per 30min. intervals
 3. Half Day Rate - \$2,000.00 per 4-5hr due 2 days before service is rendered.
 4. Full Day Rate - \$4,000.00 per 5-8hr due 2 days before service is rendered.
 - ii. Case Review - \$175.00 per 30min.
 1. Report Fee - \$60.00 per page
4. Organizational Contracts/Discounts
 - a. Contracted Fee - fees have been predetermined by an agreement between Dr. Giangiulio and your organization.
5. Cancellation Policy - (per Direct-Pay Policy Form)
 - a. 24-hour Notice - the patient must notify this office of their intent to forego treatment within 24 hours of their designated appointment time or be charged the below "Broken Appointment Fee." This policy is important in order to maintain the availability of appointments for all patients, including you.
 - b. Broken Appointment Fee - \$50.00

I, the patient or guardian of the patient, have completely read and have a clear understanding of the above fee schedule and policies, and I understand that fees are subject to change without notice. I will comply with all aspects of the above fee schedule and policies.

(Signature of patient)

(Date)

(Signature of patient's guardian)

(Date)