

Andreana Mevoli, DC
HAKA Chiropractic
510.704.1505
Confidential Information

Payment/Billing...

I will be using Personal Health Insurance benefits (Please provide your insurance card information)
 Department of Labor & Industries Insurance benefits (Please see our staff)
 Automobile PIP Insurance benefits (Please see our staff)
 Self-Pay

Payment Policies...

A list of our services are available for your convenience. Fees may vary due to the length and complexity of your office visit(s). Payment is expected at the time of service unless other arrangements have been made.

Private Insurance – As a courtesy to all our patients, we will bill your health insurance company. Please contact your company directly to verify and authorize any referrals you may require. Co-pays and deductibles are due at the time of service.

Personal Injury – If you have a Personal Injury Protection benefits, we will bill your auto insurance. If not, we will hold your bills with 12% interest per annum until settlement, if you have hired an attorney. If neither, payment will be due at the time of service.

Workers Compensation – We will submit bills to your company's compensation carrier. If a claim is denied, payment will be due at the time of service.

Office Hours...

Dr. Mevoli is available to see patients Monday through Friday by appointment only.

Rescheduling an Appointment...

In order to provide the best care to all patients, please **provide 24 hour notice** if unable to make your appointment. Special circumstances aside, a 60 fee will be charged if we do not receive 24 hours notice. **Please note that insurance companies will not pay for this fee.**

Office Policies ...

Our goal is to provide quality, affordable, chiropractic health care in a safe, healing and mutually respectful environment. Your cooperation in honoring the following polices is greatly appreciated.

Please read and sign:

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. I hereby authorize Andreana Mevoli, DC to prepare any necessary reports or forms and release any information concerning my condition to any insurance company, attorney or adjuster so as to process claims for reimbursement of charges incurred by me. Payment toward my account by any insurance company, attorney or adjuster is hereby directed to be paid directly to Andreana Mevoli, DC and applied to my account for services rendered. However, I clearly understand and agree that all services rendered to me are charged directly to me, that direct billing to my insurance company is done as a courtesy, and that I am personally responsible for payment of the full amount of my charges if not covered by my insurance benefits. I understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable. Andreana Mevoli, DC, is hereby authorized to treat me when I present myself for treatment. I agree to pay all collection cost including, but not limited to: reasonable attorney fees, late charges, litigation costs in the event of any breach, including failure to timely make any required payments. A copy of this authorization serves as an original. By signing below, I am stating I received a copy of Andreana Mevoli, DC's Privacy Policy.

Signed: _____ (if patient is a minor, parent/legal guardian must sign) Date _____

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Terms of Acceptance of Care

When a patient seeks chiropractic health care and we accept a patient for such care. It is essential for both to be working towards the same goals. It is important that each patient understands both the objective and the method that will be used to attain these goals. This will prevent any confusion, misunderstanding or disappointment with your care in this office.

Adjustment: An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

Health: A state of optimal physical, mental and social well-being, not merely the absence of disease.

Vertebral Subluxation: A misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnoses or treat any disease or condition other than vertebral subuxation. However, if during the course of a chiropractic spinal examination, which may include chiropractic spinal x-rays, we encounter non-chiropractic or unusual findings, we will advise you. If you desire specific advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider who specialized in that area.

As in the practice of all health care disciplines, in the practice of chiropractic there are some risks to care including, but not limited to, fractures, disc injuries, strokes, dislocations and sprains. The doctor is not expected to anticipate and explain all risks and complications, but the doctor will exercise clinical judgment during course of care which the doctor feels, at the time, based on the facts then known, is in the best interest of the patient.

Regardless of what the disease is called, we do not offer to treat it, nor do we offer advice regarding treatment prescribed by others. Our only practice objective is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

I, _____ have read and fully understand the above statements.
(print name of patient)

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction. I therefore request and accept chiropractic care on this basis.

(signature of patient)

(date signed)

(witness to patient's signature)

(date signed)

To be completed by patient's representative, if necessary, i.e. if patient is a minor or physically or legally incapacitated:

(signature of patient's representative)

(print name of patient's representative)

(relationship/authority of patient's representative)

(date signed)

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Patient Authorization Regarding An “Open-Door” Adjusting Environment

It is the desire of this office to provide chiropractic care in an “open-door” adjusting environment. An “open-door” approach involves the doctor moving from patient care area to patient care area and leaving the doors between patient care areas open. As a result patients are occasionally within sight of one another and some ongoing routine details of care are discussed within earshot of other patients and staff. This environment is used for ongoing care and is not the environment used for taking patient histories, performing examinations or presenting reports of findings. These procedures are completed in a private, confidential setting.

We are requesting this authorization of you due to various interpretations under federal law with respect to what is known as an “incidental disclosure” of health information. It is our view that the kinds of matters related in an “open-door” environment are incidental matters, in the event you or someone else would not agree with us we are providing this disclosure and requesting your authorization.

The use of this format is intended to make your experience with our office more efficient and productive as well as to enhance your access to quality health care. If you choose not to be adjusted in an “open-door” adjusting environment other arrangements will be made for you. Your decision will have no adverse effects on your care from Dr. Mevoli or on your relationship with our staff.

Your signature indicates your authorization of this activity.

(Name Printed)

(Signature)

(Date)

This authorization may be revoked by you at any time. Revocation may be accomplished by advising us in writing of your desire to withdraw your authorization. Please allow a reasonable processing time for the change in our procedure to be completed.