

*WELCOME TO OUR OFFICE.* We realize that this is your first visit to our office, and our past experiences have shown us that new patients have many unanswered questions on their minds. Our staff will attempt to do everything possible to make you feel at ease, and to answer any questions that you may have.

To ensure your first visit with us is a pleasant one, here are the procedures you can expect during this visit.

1. *CONSULTATION:* Your doctor will talk to you, review your health history, and determine if yours is a chiropractic case. You will have time to discuss your health concerns with your doctor.
2. *VIDEO:* To acquaint you with our office and explain how we help our patients regain their health, most patients see a short 8-minute video.
3. *EXAMINATION:* Standard physical, orthopedic, neurological and chiropractic tests will be performed to determine the cause(s) of your problem.
4. *X-RAYS:* Necessary views may be taken to visualize the location of any spinal problems, reveal any pathology, and make your chiropractic care more precise. Before proper care can be rendered, your doctor will study your examination findings. On your next visit you will see your x-rays, review the doctor's findings, and get his specific care recommendations.
5. *FUTURE VISITS:* Your first visit is complete. Plan to spend about 30 minutes on your next visit to receive the doctor's report of findings and a chiropractic adjustment. Details regarding treatment, expectations, prognosis, health care coverage, financial issues, etc. will be discussed in detail before your case is accepted for treatment.

## **Business Arrangement Policy**

*We are committed to providing you with the best possible care. If you have health insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.*

*Many times the expenses incurred by an individual for health care are paid by insurance companies. Recognizing this, it is our policy to accept assignment for health care rendered to our patients under the following circumstances.*

- 1.) **Personal or Group Health Insurance:** (partial credit) It is the office policy to ask you to pay the portion of the bill that your insurance company does not pay.*
- 2.) **Auto Accident/Insurance Coverage:** Partial to complete credit with chiropractic insurance coverage and/or attorney representation.*
- 3.) **Work Injury/Compensation Coverage:** With employer authorization, partial to complete credit.*

*\*We must emphasize that as health care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a service that we perform for our patients, all charges are your responsibility from the date the services are rendered.*

*If there is no health insurance coverage which reimburses you for our services, arrangements will be made with you that will allow you to receive the needed care and take care of expenses on a daily, weekly, or monthly basis.*

*We hope this serves as an introduction that explains and answers some of your questions. We sincerely believe that the best doctor/patient relationship exists when there is complete understanding of treatment and financial responsibilities between the doctor and the patient.*

# Hillgartner Chiropractic

ROY J. HILLGARTNER, D.C. / CHAD J. HILLGARTNER, D.C.

Ballwin Chiropractic Centre, P.C.  
14615 Manchester Road  
Ballwin, Missouri 63011  
(636) 391-0424

To:

Re:

DOA:

Our records indicate the above patient is being represented by your law firm related to an automobile accident which occurred on the above date. Would you take a few moments and update us on the status of this case by checking off the appropriate response below?

- 1  Case is still in active negotiation stage. Expect possible settlement in \_\_\_\_\_ months. We have your lien on file.
- 2  Case is pending a court date; suit must be filed for settlement; will contact you for deposition.
- 3  We have settled this case on \_\_\_\_\_(date). You will receive payment in the next few days.
- 4  Case is at a dead-end. Look to your patient for payment of your account.
- 5  We no longer represent this patient. Handle the outstanding balance with your patient.
- 6  We need additional information on this case from your office. Please send us the following:

Thank you for your attention regarding this matter; a return/stamped envelope is enclosed.

Hillgartner Chiropractic

## PATIENT HISTORY UPDATE

Please complete this questionnaire. This confidential history will become part of your permanent records.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

If there has been a change in your address, please update below:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home ph: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

1. My present symptoms are: \_\_\_\_\_  
\_\_\_\_\_
2. Recent falls: \_\_\_\_\_
3. Recent surgery: \_\_\_\_\_
4. Recent accidents: \_\_\_\_\_
5. How long have you had this condition? \_\_\_\_\_
6. Do any positions make it feel worse? \_\_\_\_\_
7. Do any positions make it feel better? \_\_\_\_\_
8. Have you had this or similar conditions in the past? \_\_\_\_\_

**Please circle all that apply:**

The condition interferes with: Work Sleep Daily Routine Other

Other doctors or therapists who have treated *this* condition: \_\_\_\_\_  
\_\_\_\_\_

What do you think caused *this* condition? \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE GIVE US YOUR INSURANCE CARD SO THAT WE MAY UPDATE YOUR FILE**