

# Fee Policy

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.

If requested, you may obtain a "Superbill"/receipt at the time of payment. You may then submit the Superbill to your health insurance company for direct reimbursement in accordance with your insurance company's fee policies.

If requested, we will attempt to verify your insurance, so you may know your insurance benefits and deductibles to date. (Note: insurance companies may choose not to provide our office with this information or may provide us with inaccurate information. If the information seems incorrect, please check your policy.)

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.

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**I, the undersigned, understand that Dr. Giangiulio has a 24-hour cancellation policy for both office and massage appointments. Less than 24 hours notice of cancellation will result in a cancellation fee of \$45.00 for missed office visits, and a cancellation fee of 50% of the scheduled massage session for missed massage appointments. Insurance companies will not pay for missed appointments; therefore, I, the undersigned, will pay for my missed appointments.**

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(Date)

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(Signature of Patient or Guardian)

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(Print Name)

(over)

# Cash Fee Schedule

## I. Payment Policy - (per Fee Policy Form)

- i) All patients - payment is expected at time of services rendered
- ii) Liens – if offered by Dr. Giangiulio
  - a) Liens are rarely offered and only offered under special circumstances.
  - b) Reduced payment is expected at each appointment – the exact amount will be determined by Dr. Giangiulio. The remainder of the balance of the appointment will be applied towards the lien.
  - c) After the patient is released from care
    - i. A predetermined weekly fee is to be paid by the patient until the case is closed
    - ii. Once the case is closed, the remaining balance of the lien is expected to be paid-in-full within 14 days
  - c) Under no circumstances may a lien amount be reduced - Payment of the lien is not contingent upon settlement. The patient is responsible for the full amount of the lien.

## II. Examination Fee

- i) Minimum fee - \$75.00
- ii) Brief Insurance Report - \$50.00

## III. Office Visit

- i) Minimum Office Fee - \$45.00
  - a) Does not include - massage, nutritional products, braces, supports, supplies, or other specialty services
- ii) Usual Office Visit Fee Range - \$50.00 – \$80.00 (may be more or less pending services rendered)
  - a) Full Spine Chiropractic Manipulation Technique Fee - \$50.00
  - b) Unattended Physical Modality Fees - \$15.00 (additional)
  - c) Attended Physical Modality Fees - \$30.00 (additional)
- iii) All individual fees may be view at the office, upon the patient's request.

## IV. Cancellation Policy

- i) 24-hour notice - the patient must notify this office of their intent to forego treatment within 24 hours of their designated appointment time. This policy is important in order to maintain the availability of appointments for all patients, including you.

## V. Organizational Contracts

- i) Patient fee - fees have been predetermined by an agreement between Dr. Giangiulio and your organization.

## VI. Out of Office Visit

- i) Home visit/emergency visit (established patients only) - \$160.00 plus charge of services provided
- ii) Consulting services - health, fitness, ergonomics, nutrition, expert witness, and lectures
  - a) Time rates – minimum time parameter 60min.
    - i. Hourly - \$350.00 per 60min.
    - ii. Over hourly - \$175.00 per 30min. intervals
    - iii. Half Day Rate - \$2,000.00 per 4-5hr due 2 days before service is rendered.
    - iv. Full Day Rate - \$4,000.00 per 5-8hr due 2 days before service is rendered.
  - b) Case Review - \$175.00 per 30min.
  - c) Report Fee - \$50.00 per page

**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.**

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(Signature of patient)

(Date)

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(Signature of patient's guardian)

(Date)