



Silver View Chiropractic Center, P.A.

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Dr. Gregory Belting

Dr. Carol LaScotte

Consent for Purposes of Treatment, Payment, Health Care Operations and Policies

I consent to the use or disclosure of my protected health information by Silver View Chiropractic Center (SVCC) for the purpose of analyzing, diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of SVCC. I understand that analysis, diagnosis or treatment of me by SVCC may be conditioned upon my consent as evidenced by my signature below.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer, or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition that identifies me, or there is a reasonable basis to believe the information may identify me.

I have been provided with a copy of the Notice of Privacy Practices of SVCC and understand that I have a right that notice's the Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the type of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of SVCC. The Notice of Privacy Practices is also posted in the waiting room at SVCC. This Notice of Privacy Practices also describes my rights and duties of the Chiropractor with respect to my protected health information.

SVCC reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office of SVCC and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

With Insurance

We will bill your insurance company directly. You are responsible for any deductible, co-payments/co-insurance. Your insurance may not cover exams, therapies, x-rays, supports or supplements, which the patient is responsible for any non-covered services. Any payments are due at the time of visit.

Without Insurance

Payments are due at the time of visit unless payment plans have been made with our office staff. Our office accepts cash, check, Visa, Master Card and Discover.

Worker Compensation, Personal Injury or Auto Accidents

We will submit all the necessary reports and bills, that involve the insurance carrier, directly.

Medicare, Minnesota Care or Medical Assistance

We will submit these claims for you. Medicare claims are submitted electronically by a processing service. Medicare patients will be responsible for their yearly deductible and any charges denied by Medicare.

Patient or Guardian Signature

Date

"Good health
through
chiropractic care"

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