Thiesing Family Chiropractic Center 506 North Garden St Columbia TN 38401 (931) 490-0606
Dr. Stephen C. Thiesing

Office Fee Schedule

Our office fees vary according to the different services provided per visit. Depending on your situation those services can vary from visit to visit. A list of current fees for each service is available upon request.

Financial Policy

We are committed to providing you with the best chiropractic care possible in a caring environment and have established our financial policies to achieve that goal. Care Plans are available and are designed to be the most cost effective way to keep you and your family as healthy as possible. Details of these plans will be discussed with you during your Chiropractic Report of Findings. Unless participating in a care plan, **PAYMENT IS DUE AT THE TIME OF SERVICE**.

- **Health Insurance**: We will file your insurance as a courtesy, you ***are personally responsible for all service charges incurred in our office***. Any balance denied or left unpaid by your insurance company is your responsibility. **All deductible payments, co-payments and co-insurance payments are due at the time that service is rendered**. ***Please request a copy of our fee list to avoid misunderstandings***.
- **Medicare:** We are a non-participating provider with Medicare. Payment is due from you at the time of service. However, our office will file your Medicare claim and Medicare will cross over the claim to your Medicare Supplement. Both Medicare and your Medicare Supplement will issue payment directly to you. We are not responsible for managing your reimbursements from Medicare or Medicare Supplement.
- **Massage Benefits**: ***Payment for massage is due at the time service is rendered and is not billable through our office.***
- **Release of Medical Records:** There is a $20 fee for a copy of your x-rays/medical records. Records will not be released until payment is received.

Privacy Waiver

Thiesing Family Chiropractic Center strives to protect patient's privacy, but we want you to be aware of the following:

- We are an open office. If you would like to speak with either the doctor or one of the staff members privately, please make an appointment to do so.
- We will release medical information only to people with a signed authorization from you. If you would like restrictions placed on your medical authorization, please let us know.
- We use a sign in sheet and it is possible that someone will see your name on it and know that you are a patient of ours. We only require your first initial and your last name on this sheet.
- You have the right to see your medical information and/or modify it if applicable.
- You have the right to review our privacy practices and the right to request a copy. These practices are subject to change at any time and you will be notified of any changes in these policies.

I am aware of the office policies for Thiesing Family Chiropractic Center as listed above. I hereby accept these policies and understand them as stated above.

I understand that should my account ever be considered past due, I will be responsible for all collection costs, attorney fees and/or legal fees.

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Patient Signature Date