



Bradley M. Shepherd, D.C.
850 West State Road 198 Salem, Utah 84653
Phone (801) 925-6255

Financial Policy and Agreement

I understand that High Five Chiropractic takes only cash, check or credit card (Visa, Master Card, or Discover) and expects payment at time of service which means before or after your adjustment. Your choice! Keep in mind that there is a \$25 fee added to any returned checks!

Given the policy is what it is, collections is rare. In the event we have to pursue money owed I/We agree to pay all court legal fees and collection agency commissions incurred in collecting this account, whether or not suit is filed and understand that such fees and or commissions might be as much as 50% of the principle owing.

We insist that your health is in the palm of YOUR hand by allowing you the privilege of communicating with your health insurance directly. Should you have chiropractic or acupuncture benefits at your disposal we will provide you with any documentation they may require for you to get reimbursed directly! Just ask!

Discounted rates are only available to active practice members who maintain regular monthly visits or within 6 months! A lapse in care over 6 months requires a \$25 re-exam to resume your discounted adjustment rates. A lapse in care 1 calendar year from your last visit means you must have a new patient exam and be subject to all fees associated with it. A refusal can be signed but your visit would be \$50 each visit. Dr. Shepherd is a licensed physician and is liable for your health! He must know you in order to treat you properly!

Patient's Signature: _____ Date: _____

Guardian or Spouse Signature _____ Date: _____

CONSENT TO TREAT—Chiropractic

Chiropractic care is a non-surgical, non-invasive procedure and has one of the safest records in health care. As with any health care specialty, we can not promise a cure but we will give you quality chiropractic care and will discuss any questions or concerns with you before any adjustment takes place.

Patients may experience temporary symptoms such as an increase in soreness following an adjustment or traction because the healing process often manifests in discomfort. In addition, physiotherapy such as ice or heat may irritate the skin. There have been a few cases where an adjustment may have aggravated a bulging or herniated disc or caused a rib fracture. On extremely rare occasions, an adjustment to certain areas of the cervical spine has been related to a compromise of the vertebral artery and possible stroke symptomatology.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE:

I have read _____ or have had read to me _____ the above explanation of chiropractic manipulation or adjustment and related treatment. I have discussed it with Doctor Shepherd and have had my questions answered to my satisfaction. By signing below I state that I have weighed the risks involved in undergoing treatment and have myself decided that it is my best interest to undergo the treatment recommended. Having been informed of the risks, I hereby give my consent to the treatment.

CONSENT TO TREAT—Acupuncture

Acupuncture is a natural procedure and has one of the safest records in health care. As with any health care specialty, we can not promise a cure but we will give you quality care and will discuss any questions or concerns with you before any treatment takes place. Patients may experience temporary symptoms such as an increase in soreness following a treatment, as the healing process often manifests in discomfort. Upon the removal of the needles, we see an occasional drop or two of blood. On rare occasions, you may experience bruising at the location of the needle insertion, or dizziness, nausea, light-headedness or temporary loss of consciousness during or after the treatment. Most of the time, however, you will not experience any adverse effects.

Patient's Signature: _____ Date: _____

Guardian or Spouse Signature _____ Date: _____