

Office Policies

New Patient Appointments

A history, physical exam, blood testing or other laboratory testing will be taken at the new patient appointment. If records are reviewed in advance by our office, therapy may be initiated during this first appointment based on these medical records (please see Medical Records). Each new patient is typically given a follow-up appointment with one of the Institute's providers two to three weeks later to allow for all testing to return for his review (please see Follow-Up Appointments). New patients will be charged for laboratory testing and supplements upon the completion of the first visit.

Telephone Consultations

Telephone consultations are utilized for some patients to provide an initial assessment of new patients who live long distances from our office or as an option for some follow-up office visits which do not require on site examination or treatment at the Institute. If you are a new patient and are planning to schedule a telephone consultation with any of our providers, the following is required for your appointment:

1. All medical records pertinent to the patient's diagnosis or disorder are required to be sent to our offices via fax or mail. An office staff member will instruct a patient on how to obtain your medical records from your other physicians if you do not have copies on hand.
2. The new patient letter must be read thoroughly, signed and sent or faxed back to our offices with the patient's medical records.
3. Fees for a new patient telephone consultation are billed at the rate of \$600.00 per hour. A prepayment is required for all new patient Telephone Consultations. An Easy Pay Consent form is to be filled out, signed and returned to our office with a patient's medical records and signed new patient letter.

When the above items are received from the patient, an office staff member will telephone the prospective patient to schedule the telephone consultation date and time that the physician will call.

After a new patient telephone consultation, a patient will be given recommendations and referrals, or this information will be reviewed during a follow-up appointment. A patient may be requested to make a follow-up appointment to come to our office, see one of our providers or attend a treatment session at another medical facility. These options are discussed with the patient during the initial contact and during the telephone consult. All patients are given specific therapies conjunctive to their specific case and diagnosis. Treatment may not be recommended to start before a follow-up appointment. A patient's credit card is charged after the appointment date, not before.

Follow-up Appointments

A report of findings and their significance will typically be given after your initial visit or telephone consultation. This second visit will be scheduled for two to three weeks after your initial visit with one of our health care providers. This will allow sufficient time for all laboratory testing to be completed and returned to our office for your follow-up visit. Consultation fees for follow-up appointments and telephone consultations are \$300.00 per half hour. If you need to cancel your appointment, we require 48 hours' notice or there will be a missed appointment fee charged for your allotted scheduled time. Requests for information from an insurance carrier may require additional work, copying of records, etc. and will be billed at the rate of \$50.00 per hour.

Please Initial _____

Perfume Notice

ATTENTION PATIENTS AND VISITORS:

Please refrain from wearing perfume or cologne in the office. There are many people (both patients and staff) who are chemically sensitive.

Thank you for your understanding and consideration.

Please Initial _____

Fee Structure

The standard health consultation for a new patient with our providers ranges anywhere from one hour to an hour and a half. Consultation fees are charged at the rate of \$600.00 per hour. Cancellations must be made 48 business hours prior to your appointment. Any lab tests needed will be billed in addition to the evaluation. We urge patients to bring any previous testing that they have from other health care providers for the physicians to review. We try to avoid repeating laboratory work when possible that has already been performed to reduce charges for the patient.

If results of testing or symptomatology warrant, further testing and/or treatment will be recommended. This may consist of food allergy testing, cardiac or diabetic risk factor assessment, specific mineral/toxic metal testing, functional vitamin assays for deficiencies, immune system or endocrine systems evaluations, evaluation for malignant/pre-malignant states or suspected chronic infections. The costs of these tests are an additional charge and the necessity will be discussed if recommended to the patient. The charges for any specific, non-routine tests are in addition to the initial cost of the visit.

Please Initial _____

Insurance and Billing

We do not accept insurance for any of the services provided at The Institute. The Institute is not affiliated with HMO, PPO, POS, or any managed care network. Some insurance companies may reimburse you for nutritional support, preventative health care, diagnostic testing or chiropractic services. We recommend you contact your insurance company. They will be able to provide you with information regarding your eligibility for services performed at our offices. All referrals, pre-certification and out-of-network benefits are the responsibility of the patient and NOT this office, AND WE DO NOT PARTICIPATE IN MEDICARE, MEDICAID, TRI-CARE OR ANY GOVERNMENTAL HEALTH CARE PROGRAM. If you are covered by any governmental program, you must sign a form authorizing the Institute to provide any services to you.

Our office will provide a superbill for your use in submitting claims for insurance reimbursement. This is not a guarantee of coverage. In order to keep our services as affordable as possible, our office is on a fee-for-service basis.

Please Initial _____

Medical Records

If you have been treated in the past by your primary care physician, or any other health care provider, you may obtain copies of your medical records to bring to your first appointment.

To obtain medical records from another physician or medical facility, we suggest that you contact your physician's office or the hospital or outpatient facility where the testing was performed and request your medical records. As general rule, most offices request a signed medical release form from the patient to protect your confidential records. In some states, a medical office or hospital may require thirty (30) days' notice to release your medical records or require records to be sent directly to the physician at the office address. There may be a charge for this service. You may call your physician's office or make a request in writing (via fax or mail) to forward or fax your records directly to the Institute to expedite the request. It is always best to fax a written request to the medical facility or travel to your physician's office to pick-up copies of your records and sign the release. One of our staff members will try to assist you in obtaining records for an immediate appointment.

You may decide to copy your records for your own personal file. On your first appointment, our office will be happy to copy records, at no charge, that the Institute will keep on file. One copy of any your testing performed in our office is available at no charge to you. Additional copies are available for a small fee.

After careful review of your records, the Institute reserves the right not to accept a patient for care if our providers believe that you are unlikely to benefit from an assessment and possible treatment at the Institute. In that event, you may or may not be referred to another provider who might better serve your needs.

Most patients are accepted for treatment at our facility. If further treatment or medication is required which is not available, a patient may be referred to an outside medical provider or facility.

The Institute does not handle emergency situations and does not provide primary care for our patients. If you have a medical emergency, please call 911 and/or go to the nearest emergency room.

Please Initial _____

Forms of Payment

Our offices are on a fee-for-service basis. Payment is expected in FULL at the time of each visit. As stated above, The Institute does not accept insurance assignment.

Forms of payment are cash, checks, Visa and MasterCard. An Easy Pay Consent Form is available for download via our web site. It is to be filled out and returned with all other paperwork and medical records for your file. This form will allow the Institute to charge telephone consultations, supplement orders to your credit card and any monthly balances that you may incur at our office.

All medical and financial records are kept completely confidential. If you have any questions concerning the Institute's payment policy, please do not hesitate to speak to our office manager.

Please Initial _____

Your Privacy

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information.



Preparation for Your First Visit

For your first in-office appointment, please do the following:

1. Please read this information CAREFULLY!
2. Fasting is not required for any blood testing you may receive on your first appointment.
3. Mail enclosed paperwork, signed forms, laboratory results and medical records pertinent to your diagnosis or major complaint back to this office prior to your scheduled appointment.
4. You may wish to bring a tape recorder. Some patients find it helpful to replay the information at home.
5. Make sure you or anyone that accompanies you does not wear perfume or cologne.

For your first telephone consultation, please do the following:

1. Please read this information CAREFULLY!
2. Please mail all paperwork, i.e. signed forms, laboratory results and medical records pertinent to your diagnosis or major complaint. These must be received prior to your scheduled appointment.

I have read this letter and understand its content. I have been informed that Dr. George Zabrecky utilizes chiropractic, nutrition and other conservative health care measures within the scope of his Connecticut chiropractic license. I understand if prescription medication, intravenous therapy or surgery is needed, I will be referred to the appropriate medical practitioner. I also understand that this facility does not provide insurance services, Medicare coverage, emergency or critical/crisis care.

Patient Name (Print)

Patient Signature

Parent/Guardian Signature

Date

Please remember to sign the introductory letter and fill out the questionnaire. Please bring all paperwork to your first appointment or fax back to our offices for a phone consultation. Please remember, the maintenance of health requires some discipline, moderation and maturity. The resolution of disease also requires vigilance and patient. I look forward to meeting with you!