



BANKS CHIROPRACTIC & WELLNESS CENTER
755 NEW YORK AVE. SUITE 308, HUNTINGTON, NY, 11743
631-271-0770; WWW.SPINELIFE.COM

INSTITUTE FOR FUNCTIONAL MEDICINE CERTIFIED PRACTITIONER
CERTIFIED GLUTEN PRACTITIONER

Practice Policies
Effective September 1, 2014

Office Policies:

We require a credit card number on file for all patients in order to schedule appointments. To be considered an active patient and receive ongoing care, we require that the patient be seen in our office at least once per calendar year. All other follow-up appointments may be in person or by telephone (unless otherwise determined by Dr. Banks or requested by parent/guardian). Payment for all consultations and procedures is due at the time of the visit. Banks Wellness Center does not participate with any health insurance. Therefore, it is up to you to contact your insurance company before committing to our program so you can know what reimbursement, if any, can be expected.

Policy For All Consultations:

As part of our continued effort to provide you with the very best Functional Medicine care and to accommodate all appointment requests, we require an email update prior to each consultation. We meticulously prepare for each appointment prior to the time of your appointment. This ensures that we achieve the highest standard of care and treatment we pride ourselves on.

Cancellation Policies:

All services are provided by appointment only and the scheduled time is reserved for your exclusive use. The cancellation policy differs by the type of appointment, as documented below.

• **Cancellation Of An Initial Consultation:**

All new patient appointments must be canceled **three days prior** to your scheduled appointment. Banks Wellness retains the right to bill at 50% of the standard initial consultation fee for appointments not canceled within three days of the scheduled appointment. Initial consultation fee is \$395.

25% of the fees paid for non-cancellation of an initial consultation may be applied to a rescheduled initial consultation.

• **Follow-Up Consultations:**

Appointment Cancellation:

We require **48 hours' notice** for follow-up consultations, which includes on-site office visits, SKYPE or telephone consults with Dr. Banks. Banks Wellness retains the right to bill at 50% of the standard fee for any consultation not canceled within 48 hours of the scheduled appointment. Second visit is \$295. Follow up visits after the second visit are \$225.

Fees for non-cancellation of follow-up appointments are nonrefundable and may not be used as credit to a future consultation or procedure.

To cancel an appointment, please call 631-271-0770. Our general office hours are Monday and Wednesday 9 AM to 1 PM & 3 PM to 7 PM, Tuesday 9 AM to 1 PM, Friday 9 AM to 1 PM and 3 PM to 6 PM. Saturday 9 AM to 12 noon. All cancellations must be stated by telephone. If you cannot reach us in person by phone, you can leave a detailed voicemail message with your name, patient's name, date and time of your scheduled appointment.

In the case of a true medical emergency or an act of God (natural disaster) our cancellation policy does not apply but may require documentation in writing.

Email & Phone Guidelines:

- Email communication is viewed as a billable time, as is an office visit or telephone consultation. Included with each consultation are 2 short communications via email or phone, (5 minutes or less)
- Any email that requires at least 15 minutes of time will be billed at our discretion.
- Brief emails will not be billed individually, but frequent emails will be cumulative and left to our discretion when billing time is necessary.
- Emails are billed by our office monthly at a rate of \$225/hour.

Nutritional Supplements:

We accept unopened returns for 14 days from date of purchase, with a 15% restocking fee. No returns on opened product.

Please note that if you choose to submit our invoices to your insurance company

for reimbursement, telephone consults and email correspondence are not covered by insurance. You should not submit invoices for email correspondence to your insurance provider.

Medical Records Policy:

We will provide you with a copy of all office notes and lab reports at each consultation. If you require an additional copy of these records for another practitioner, there will be a charge of \$75. You must complete a Medical Release Form and the records will be sent at your request. If your insurance company has requested office notes or lab reports to process a claim, we will contact you first to let you know of the request and then we will forward the requested information to the insurance company for a fee of up to \$75 billed to your credit card.

If you have any questions regarding any of these policies, please call us at 631-271-0770.

Credit Card #: _____

Expiration Date: _____ CV2: _____

I, _____ have read and understand the above outline policies.

Patient Name: _____ Date: _____

Patient Signature: _____ Date: _____

If patient is a child, both parents/guardians must sign below.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Thank you for choosing us for your health care!