TWO HANDS CHIROPRACTIC & ACUPUNCTURE, LLC
Shanna C. Fritsch, D.C., RYT Christine T. Pan, D.C.
111 North Wabash Avenue, Suite 1414, Chicago, IL 60602 · (312) 634-0740 · (312) 634-0744 fax
www.twohandsforhealth.com · info@twohandsforhealth.com · NPI #1841402732

MEDICAL CONSENT FORM

I authorize Two Hands Chiropractic and Acupuncture to examine and treat me for my complaints, injuries and illness. Treatments, as well as risk and benefits of treatments, will be explained prior to administration.

I understand that although complications associated with chiropractic care are rare, some potential risks include: fractures, disk injuries, strokes, dislocations, sprains, and those which relate to physical aberrations unknown to the doctor. I further understand that chiropractic adjustments and supportive treatment are designed to reduce and/or correct subluxations or joint restrictions allowing the body to return to improved health.

I understand that although complications related to acupuncture are rare, some potential risks include: slight pain or discomfort at the site of the needle insertion, infection, bruises, weakness, fainting, nausea, and aggravation of problematic systems existing prior to acupuncture treatment. I also understand that the potential benefits include: relief of one's symptoms without the need of drugs, and may improve balance of bodily energies leading to the decreased occurrence of illness, or elimination of the presenting problem.

Please Note: Chiropractic and Acupuncture treatments performed at Two Hands Chiropractic and Acupuncture will be administered by Dr. Shanna Fritsch or Dr. Christine Pan, Illinois licensed Chiropractic Physicians with acupuncture certifications.

I understand and I am informed that, as is true with all health care treatments, results are not guaranteed and there is no promise to cure.

HIPAA NOTICE OF PRIVACY PRACTICES

We keep medical records of the services we provide for you. You may ask to see a copy your records. You may ask to correct your records. Your records will be kept confidential unless you give us written permission to release them or we are required to do so by law. We will ask you to sign a consent form allowing Two Hands Chiropractic and Acupuncture to use and disclose your health information for the purpose of treatment, payment, and health care operations in this office.

GOOD FAITH ESTIMATE

Under the law, health care providers need to give patients who don't have insurance or who are not using insurance an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least $400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises.

Form 01.20.2022

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FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your care. Your clear understanding of our Financial Policy is important to our professional relationship.

- Full payment is due at the time of service. We accept cash, check, and credit card. We do not accept any insurance, except Medicare. We are non-participating with Medicare which means that Medicare patients will also need to pay the “allowed medicare fee” on the day of service.
- All patients must complete our medical consent form and other related forms. We also require a copy of your photo ID. Medicare patients will also be required to give us a copy of their Medicare card.
- Accounts with no activity for 60 days (payment, payment plan implementation, etc.) may be sent to collections.
- 48 hours notice is required for copies of medical records.
- There is a $25 service fee for all returned checks.

SUPPLEMENT RETURN POLICY

Many times we order supplements or other medical supplies for patients as special orders. If we order supplements or other medical supplies for you, and you reconsider, we will refund your money minus a 20% restocking fee.

CANCELLATION FEE POLICY

Our goal is to provide quality medical care in a timely manner. In order to do so, we have had to implement a missed appointment/cancellation policy. This policy enables us to better utilize available appointments for our patients in need of medical care.

Please contact Two Hands Chiropractic & Acupuncture promptly if you are unable to attend an appointment. If it is necessary to cancel your scheduled appointment, we require that you contact us at least 24 hours in advance to avoid a $30 cancellation fee.

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RECEIPT OF CONSENT FORMS AND POLICIES

Upon receiving all consent forms your initials are required below.

_____ Medical Consent Form

_____ HIPAA Notice of Privacy Practice

_____ Good Faith Estimate

_____ Financial Policy

_____ Supplement Return Policy

_____ Cancellation Fee Policy

I, _____ by signing below have received and read all of the above forms provided to me by Two Hands Chiropractic & Acupuncture, LLC.

_____ _____

Print Patient Name Patient or Legal Guardian Signature

_____

Date

_____

Witness (Two Hands Staff)

_____

Date