

Dr. Jeff Donahue

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Our Policies

Thank you for considering care here at our center. We have an excellent track record in our success in caring for thousands of clients in the 14+ years we have served the East Valley, with hundreds of different conditions, not only back and neck care. However, we do not accept all cases, as we are not able to help everyone. We respectfully request you to fill out our intake forms carefully, which you may through this link. As well, please review our policies, and and sign them.

Payment policies

Payment is expected at time of service, unless other arrangements are made prior to your visit. We accept cash, checks, and Mastercard, Visa, and American Express. We have a number of payment plans available to you to help make your care more affordable, which will fit most budgets.

Insurance Coverage

We will provide you with a receipt that you can submit to your insurance carrier for possible reimbursement. We do not accept any insurance coverage, nor do we bill any insurance company.

We are able to keep our costs more reasonable by not participating in the insurance nightmare. The relationship between our doctors and you is our first and only concern; insurance companies, who dictate which care is “best” for you, care more for their “best” bottom line, than they do for your “best” health. Our care is private, discreet, and any decisions about your health care are made by you and the doctor directly.

Medicare

We do not accept Medicare, nor do we bill or provide receipts for reimbursement. Our care does not qualify for medicare reimbursement.

Our facility provides wellness care to our clients, with the goal of restoring your body’s ability to heal itself. We believe this to be the only approach, especially for those in their later years. As we look beyond symptoms, our care is aimed at improving the lifestyle and habits that created these concerns, and perpetuate them. This wellness care is excluded from medicare coverage.

Personal Injury or Auto Accident Claims

If your care is qualified under a personal injury or auto accident claim, we will consider billing these services for you.

Your individual case will need to be reviewed to determine if it qualifies for billing. If we do bill for these services as a courtesy to you, you will be charged our normal, full fees for services. Additionally, you are responsible for all charges in your care, including any charges not reimbursed by the insurance company.

Workers Compensation Injury Claims

We apologize, but we do not accept or bill for workers compensation injury claim in this clinic.

Average visit charges

Average visit charges for chiropractic care or acupuncture care are about \$79. Mixed care charges average \$110. There is a minimum visit charge of \$45.00

Appointments

Most appointments, with the exception of the examination, usually last from 10 minutes to 30 minutes. If you are late for an appointment, your care time may be reduced in order to finish on time for the next scheduled client.

Your appointment is a time slot reserved for you, and we may charge the minimum appointment fee for missed appointments unless 12 hour notice is given.

If you would like additional time to consult with the doctor, please call prior to your visit. This will allow more effective scheduling of your time.

Privacy Notices, and Consent for the purposes of Care, Payment, and Healthcare Operations

I consent to the use or disclosure of my protected health information by Well Life Chiropractic for the purpose of analyzing, diagnosing, and/or providing care for me, and to conduct healthcare operations of the office. I understand that analysis, diagnosis, and/or care of me by Well Life Chiropractic may be conditioned upon my consent as evidenced by my signature below.

I understand I have the right to control how my protected health information is used or disclosed to carry out treatment, payment, or healthcare operations of the practice. Well Life Chiropractic is not required to agree to the restrictions that I may request. However, If Well Life Chiropractic agrees to a restriction that I request then it is a binding. I have the right to revoke this consent, in writing, at any time.

My "protected health information" (PHI) means health information, including my demographic information, collected from me by Well Life Chiropractic, or any other physician, healthcare provider, health plan, or an employer. This protected health information relates to my past, present, or future physical or mental health or condition, and identifies me, or there is reasonable basis to believe the information may identify me.

My PHI will only be used by the doctor or staff of Well Life Chiropractic for the purposes of analysis and to prepare and undertake a treatment plan. Your information will be kept in strictest privacy, and we will never reveal to anyone outside of those who work as contractors or employees in our office any of that information, unless you consent, in writing, to have that information released to a specific party. We will not sell any of your contact or other demographic information to anyone, but on your permission, may use that information to contact you with information relating to either your specific concerns, or health concerns of a general nature. In the event that the office is sold to another practitioner, you will be notified prior to the sale and given options about how you would like to have your PHI either transferred to the new owners, or kept until the law allows their destruction. On your consent, by writing only, we will release information about your care to you, or your insurance company, so that your care may be considered for reimbursement. Within this office, your PHI will only be accessed for several reasons. 1) when you are presenting for care, or for consultation or examination. 2) when there is a need for review as deemed necessary by the doctor or other Well Life Chiropractic staff members in the rendering of your care. 3) when your chart is being reviewed for the purposes of evaluating your care, which will only be carried out by the doctor. Your PHI will not be accessed for any other reason unless we have your written permission and signature. Your demographic information and or billing/payment history may be accessed by the doctor, or our staff or for general file upkeep operations, or if there is a request by you for information regarding such billing or information.

Well Life Chiropractic reserves the right to change these privacy practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, or asking for one at the time of my next appointment.

I have fully read the "Office and Financial Policies" document and understand my obligations.

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that this office will release any and all medical records and information that is collected in preparation or during my care to assist me in making collection from the insurance company. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for the payment of my account. It is the policy of this clinic to collect for services as they are rendered, unless other financial arrangements are made.

Signed: _____

Date: _____