## RADIOLOGY/REPORT POLICY

## for Morris Family Chiropractic

Dr. Morris does not require radiology or labs of all patients. We do not do radiology (x-rays) in our office. As needed, we will refer you to a radiology center or lab to get the work done.

We ask that you <u>TAKE A COPY of the radiology CD from the facility and bring the CD to</u> <u>your next appointment.</u> Radiology centers (doctor's offices, hospitals, etc) will NOT send us a CD. At your follow-up appointment, Dr. Morris will go over your results with you and you will have time to ask any questions you may have. At this appointment, you will discuss further treatment options with Dr. Morris.

Due to the time-consuming nature of reviewing radiology images in the office, there will be additional "office visit" or "exam" charges. Your insurance may or may not cover this fee. You are responsible for this cost. The fee ranges from \$14-\$69 (most will range from \$17-\$32).

Due to time constraints, Dr. Morris cannot go over radiology/lab reports over the phone. Please schedule an appointment.

**RECORDS AND REPORTS** (disability claim forms, accident claim forms, school forms, etc.)

Due to the time-consuming nature of forms and reports, Morris Family Chiropractic requires that you schedule an appointment to go over the requirements of these reports with Dr. Morris PRIOR to his completion of said documents. At this appointment, it is the patient's responsibility to give Dr. Morris any required paperwork AND it is the patient's responsibility to make clear to Dr. Morris what is needed for any report(s) required. Expect any reports (paperwork, etc.) to be completed in a **minimum** of 1 full week from the date that the paperwork was given to Dr. Morris. It may take longer due to high volumes of reports at the time. **There may be a charge for any and all reports.** 

You may request copies of your medical records. You will need to sign a form and give us time to gather these records. Please allow a minimum of 1 week.

A fee of \$.25 per page will be charged for anything over 10 pages.

Patient's Printed Name	
Patient or Legal Guardian Signature	Date