

New Patient Information



Hello!

Thank you for choosing Morter HealthCenter for your health care needs. Dr. Sue Morter established our clinic in Indianapolis, Indiana, in October 1987. We relocated to nearby Carmel, Indiana, in May 2007 to accommodate our expanding patient base. We have been serving the Indianapolis community and surrounding area for over 25 years and are happy to welcome you to our growing family. We are committed to feeling better, attaining vibrant health, and experiencing lifetime wellness.

Our Team

Dr. Scott Cooper, Doctor of Chiropractic

Dr. Vicki Knapke, Doctor of Chiropractic

Caren Goodwin, Chiropractic Assistant/Front Desk

Diane White, Chiropractic Assistant/Insurance

Your first visit:

Your first visit will last approximately 90 minutes and includes a private consultation with one of our doctors, a physical examination, two neurological scans, X-rays if needed, and a pH saliva test. The initial consultation will be based on the confidential patient information forms either completed in the office or downloaded from our website and completed prior to your visit. Completed forms may be faxed to 317-872-9303 or e-mailed to info@morterhealthcenter.com.

During your consultation, the doctor will discuss your needs in greater detail and share with you what our clinic has to offer. You will then receive a complete examination. This will include the following *painless* procedures: two neurological scans, reflex and range-of-motion testing, and standard orthopedic and postural tests. Lastly, a pH saliva test will be collected to determine the alkalinity level of your body. To ensure the accuracy of your pH test, **please do not eat or drink anything except water for two hours prior to your appointment time.**

No unnecessary tests will be performed. All tests we administer are necessary to the complete understanding of what is involved with your case and will assist your doctor in prescribing a complete wellness program.

Please bring the following with you to your first visit:

- A photo ID
- Your insurance card if you would like us to file claims on your behalf
- A list of any medications or nutritional supplements you are currently taking
- All relevant confidential patient information forms, completed and signed (available for download at www.morterhealthcenter.com)

Payment and Insurance:

It is important to us that our financial arrangement be clear. Please read and sign the Financial Policy included in the New Patient Forms. It is our desire to support you in any way we can to meet your financial obligations while you make a choice toward more perfect health.

Payment is expected at the time of service. Cash and checks are gladly accepted. We also accept American Express, Discover, Mastercard, and Visa. Should your check be returned for insufficient funds, you expressly authorize your account to be electronically debited or bank drafted for the amount of the check plus any applicable fees.

Our office can file insurance for our patients; however, we are not “in-network” with the providers. If your policy covers chiropractic, we would be considered an “out-of-network” provider. To determine if and to what extent your insurance policy covers chiropractic care, please download our “Health Insurance Policy Chiropractic Benefit Verification Form” online or request a copy at the front desk. You will then need to contact your insurance provider and complete the questions on the form based on your particular plan of coverage. **The Health Insurance Policy Chiropractic Benefit Verification Form must be signed and returned to us. If we do not receive this signed form, we will consider you a “Cash” patient.**

B.E.S.T. Technique:

We utilize a state-of-the-art healing practice and comprehensive chiropractic technique called **BioEnergetic Synchronization Technique** or **B.E.S.T.** It is a gentle, non-force procedure focused on neuro-emotional and neuro-musculoskeletal repatterning that not only relieves pain quickly but also addresses the cause of the pain.

Treatment Schedule:

Once the consultation and all testing procedures have been performed, the doctor will ask you to schedule your next appointment as soon as possible. At your second appointment, your doctor will go over the report of findings, including wellness recommendations and your customized treatment program so that you may achieve maximum correction in the shortest amount of time. Adhering to the treatment schedule prescribed assists you in getting better faster and staying well longer.

Questions

If you have any questions about your involvement with our clinic, please do not hesitate to contact our office. We are happy to be of assistance in any way that we can.

Thank you for choosing Morter HealthCenter!

Dr. Scott Cooper
Dr. Vicki Knapke

Teaching you to live well.

Morter HealthCenter
10439 Commerce Drive, Suite 140
Carmel, IN 46032
Phone 317-872-9300
Fax 317-872-9303
www.morterhealthcenter.com



It is important to us that you read and understand our financial policy as it relates to your particular situation. Out-of-network chiropractic care may be covered under your insurance plan.

1. Patients without Insurance (Cash Pay)

Payment is expected at the time of service. We accept cash, personal checks, American Express, Discover, Mastercard, and Visa. Should your check be returned for insufficient funds, you expressly authorize your account to be debited or bank drafted for the amount of the check plus any applicable fees. The use of a check is your acknowledgement and acceptance of this policy and its terms and conditions. Please include the following information on your check: full name, street address, phone number, or cell phone number.

2. Group or Individual Health Insurance

You must call to verify your health insurance benefits using our Health Insurance Policy Chiropractic Benefit Verification Form. This form must be returned to our office by your second visit. If we do not receive this form, we will consider you a Cash Pay patient. The benefits quoted to you by your insurance company are not a guarantee of payment. We collect in full until your insurance begins to pay for claims filed. After insurance begins to pay, payment is expected at the time of service for any non-covered services, deductibles, co-payments, or patient percentages.

3. Personal Injury or Automobile Accidents

Please notify your auto insurance carrier of your visit to our office immediately and complete our Accidental Injury Insurance Information Form for your automobile insurance Med Pay. This form must be returned to our office by the second visit. If this form is not returned, you will be considered a Cash Pay patient. We do not file to at-fault payers. If you do not go through the Med Pay portion of your automobile insurance, you will be expected to pay at the time of service and submit to the at-fault payer. Notify our insurance department immediately if an attorney is representing you. Although you are ultimately responsible for your bill, we will file a lien with your attorney and wait for settlement of your claim for up to six months after your care is completed if an attorney is involved and your Med Pay is exhausted. Once the claim is settled or if you suspend or terminate care, any fees for services are due immediately.

4. Medicare

Effective June 17, 2013, Morter HealthCenter is a non-participating provider with Medicare and does not typically accept assignment. This means that our patients with Medicare Part B will pay us in full at the time of visit. Our office will file your claims to Medicare (if that is your primary insurance), and Medicare will reimburse you directly for spinal manipulations they deem as medically necessary. Medicare Part B does not consider spinal manipulation for wellness, maintenance care, or chronic conditions to be medically necessary and does not reimburse you for the cost of that care. Medicare Part B does not pay for exams or X-rays, although they do require Morter HealthCenter as a chiropractic office to do an exam at least annually. Medicare Part B does not cover lab tests, therapy, or supplements. Medicare may take several weeks to process claims. Once your claim is processed, you will receive either a check for the amount that Medicare will cover or an Explanation of Benefits (EOB) showing why Medicare denied the claim. If Medicare is secondary insurance for you, we cannot file claims to Medicare on your behalf. This is Medicare's policy for non-participating providers. You will need to contact your primary insurance company to find out how to file your secondary insurance.

5. Secondary Insurance

Please inform us of any secondary insurance you may have. We will file after primary insurance pays. If your primary insurance sends the checks and Explanation of Benefits (EOB) to you only, you must bring the EOBs into the office in order for us to file with secondary insurance. If Medicare is secondary insurance for you, we cannot file claims to Medicare on your behalf. This is Medicare's policy for non-participating providers. You will need to contact your primary insurance company to find out how to file your secondary insurance.

Scott A. Cooper Inc. dba Morter HealthCenter
10439 Commerce Dr. Suite 140
Carmel, Indiana 46032
PH: 317-872-9300

Notice of Patient Privacy Policy

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

If you have any questions about this Notice please contact our Privacy Officer or any staff member in our office.

Our Privacy Officer is: Vicki Knapke

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out your treatment, collect payment for your care and manage the operations of this clinic. It also describes our policies concerning the use and disclosure of this information for other purposes that are permitted or required by law. It describes your rights to access and control your protected health information. "Protected Health Information" (PHI) is information about you, including demographic information that may identify you, that relates to your past, present, or future physical or mental health or condition and related health care services.

We are required by federal law to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. You may obtain revisions to our Notice of Privacy Practices by accessing our website www.morterhealthcenter.com, calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

A. Uses and Disclosures of Protected Health Information

By applying to be treated in our office, you are implying consent to the use and disclosure of your protected health information by your doctor, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to bill for your health care and to support the operation of the practice.

Uses and Disclosures of Protected Health Information Based Upon Your Implied Consent

Following are examples of the types of uses and disclosures of your protected health care information we will make, based on this implied consent. These examples are not meant to be exhaustive but to describe the types of uses and disclosures that may be made by our office.

- **Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to another physician who may be treating you. Your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your doctor, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

- **Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for spinal adjustments may require that your relevant protected health information be disclosed to the health plan to obtain approval for those services.
- **Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of this office. These activities may include, but are not limited to, quality assessment activities, employee review activities and training of students.

For example, we may disclose your protected health information to interns or preceptors that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your doctor. Communications between you and the doctor or his assistants may be recorded to assist us in accurately capturing your responses; we may also call you by name in the reception area when your doctor is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. We "Do - Do Not" have open therapy/adjusting areas.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services for the practice). Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract with that business associate that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other internal marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer, we will ask for your authorization. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Officer to request that these materials not be sent to you.

Uses and Disclosures of Protected Health Information That May Be Made Only With Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below.

- *Disclosures of psychotherapy notes*
- *Uses and disclosures of Protected Health Information for marketing purposes;*
- *Disclosures that constitute a sale of Protected Health Information;*
- *Other uses and disclosures not described in the Notice of Privacy Practices will be made only with authorization from the individual.*

You may revoke any of these authorizations, at any time, in writing, except to the extent that your doctor or the practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object

In the following instance where we may use and disclose your protected health information, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your doctor may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

- **Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location or general condition. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Other Permitted and Required Uses and, Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

- **Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.
- **Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- **Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- **Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- **Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- **Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

- **Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal process and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the Practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.
- **Workers' Compensation:** We may disclose your protected health information, as authorized, to comply with workers' compensation laws and other similar legally-established programs.
- **Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

B. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

- **You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your doctor and the Practice uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewed. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer, if you have questions about access to your medical record.

- **You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. *You have the right to restrict certain disclosures of Protected Health Information to a health plan when you pay out of pocket in full for the healthcare delivered by our office.* You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. *You may opt out of fundraising communications in which our office participates.*

Your provider is not required to agree to a restriction that you may request. If the doctor believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your doctor does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your doctor.

You may request a restriction by presenting your request, in writing to the staff member identified as "Privacy Officer" at the top of this form. The Privacy Officer will provide you with "Restriction of Consent" form. Complete the form, sign it, and ask that the staff provide you with a photocopy of your request initialed by them. This copy will serve as your receipt.

- **You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing.

- **You may have the right to have your doctor amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.
- **You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, pursuant to a duly executed authorization or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limits.
- **You have the right to be notified by our office of any breach of privacy of your Protected Health Information.**
- **Certain treatments may be performed in a common therapy area and/ or you may find yourself within public areas within the clinic times, but please note private rooms are always available, upon request, for discussing your private health information.**

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

C. **Complaints**

You may complain to us, or the Secretary of Health and Human Services, if you believe your privacy rights have been violated by us. *To file a complaint you may go to:* <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>

Or our office can provide you with a written form in which to file your complaint. You may also file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

Our Privacy Officer is Vicki Knapke. You may contact our Privacy Officer or any staff member, including Scott Cooper, at the following phone number: 317-872-9300 or on our website: www.morterhealthcenter.com for further information about the complaint process.

This notice was published and becomes effective on April 1, 2019