**Chiropractic**

**Non-Compliance Form**

Patient non-compliance is a significant and contributory factor to poor treatment outcomes which can lead to more costly health care as well as potential malpractice claims. Accordingly, it is the policy of this office to document non-compliance to treatment recommendations including but not limited to the frequency of treatment recommended in the patient’s treatment plan.

Additionally, it is the policy of this office that services provided to patients who do not comply with this office’s treatment plans/treatment recommendations will not be billed to their health care plans as such services are not consistent with “medically necessary care” and therefore, not covered by their health care plan. (This includes, but is not limited to, patients who do not keep scheduled appointments and/or choose to seek care at their discretion and/or at their convenience.)

.**Patient:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Summary of Non-Compliance Issues**

* Failed to adhere to treatment recommendations
* Failed to adhere to treatment schedule; repeatedly failed to keep appointments as outlined in treatment plan.
* Stopped care before treatment plan complete
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Follow-Up Actions Taken:**

* Patient contacted and reminded of importance of complying with treatment recommendations and/or treatment/appt. schedule.

Method of Contact:

|  |  |
| --- | --- |
| * Telephone | * Letter |
| * Email | * Fax |
| * Text |  |
|  |  |

1. Initial Contact Attempt:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Subsequent Contact Attempts:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final Action:

* Patient will be counseled on need for full compliance at next appt.
* Discharged patient (sent discharge letter)