

Information regarding ALL insurance carriers:

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that the doctor's office will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to the doctor's office will be credited to my account on receipt. However, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate, any fees for professional services rendered me will be immediately due and payable.

I hereby authorize the doctor to treat my condition as he deems appropriate through use of manipulation throughout my spine. The patient also agrees that he/she is responsible for all bills incurred at this office. The doctor will not be held responsible for any pre-existing medically diagnosed conditions, nor for any medical diagnosis.

Please also note that we are not responsible for any wrong information that your insurance carrier may give us regarding your coverage including copays, co-insurance, etc.

Medicare patients - including those with Medicare HMO's such as Security Blue, Freedom Blue, and Advantra:

Your insurance plan does cover chiropractic manipulation of the spine. It does NOT cover the initial examination for any type of new injury. The initial examination is where a history of the present illness is taken as well as an examination to determine what type of care should be delivered. This process requires time and paper work from my staff as well as a significant amount of my time during the history and examination. With all other types of insurance, we are allowed to charge an extra amount for this examination. In the past, I have been absorbing the cost of the exam, however, with the ever rising costs of doing business I can no longer afford to do this. Effective as of January 1, 2005, I will have to charge for the examination as well as any cost or copays for the treatment. Examination costs vary with complexity, however, most of the time the cost will be between \$40 and \$65. Please remember that this will be an additional charge above any copays or coinsurance.

I regret having to add the additional charge and hope that one day the Medicare guidelines will change so that Medicare will then cover this important part of your treatment.

I have read and understand this notice

Patient Signature _____ Date _____

Parent or Guardian _____ Date _____