

Consent For Care

Chiropractic care consists of analyzing the spine for vertebral misalignments and making spinal corrections via the spinal adjustment. Misalignments called subluxations may exist anywhere in the spinal column with or without symptoms. Our focus as chiropractors is to detect, correct and prevent subluxations from becoming a health problem. At times, the chiropractor will adjust subluxations in the neck, middle back and lower back regardless of a person's asymptomatic state. Vertebral subluxations that are detected based on a visit to visit spinal analysis will be addressed by the doctor's spinal adjustment. The chiropractor will explain the different types of spinal adjustments to the client as it is appropriate. At any time, you the client, have the right to reject care as well as receive care. I Have Read The Above And Consent To Care As Outlined To Me.

Signed _____ Date _____
Parent Authorizing Care For Minor:
Signed _____ Date _____

Insurance Agreement

I understand and agree that health and accident insurance is an arrangement between the insurance carrier and myself. Health First Chiropractic Clinics are not agents or employees of the insurance company. Understanding My insurance policy's coverage and limitations as well as monetary Reimbursement is ultimately my responsibility. Health First Chiropractic Clinics Will prepare necessary reports, pre-certifications, forms and directly bill the Insurance company whenever possible. However, I understand and agree that All services rendered to me are charged directly to me and that I am responsible For payment if the insurance company does not pay Health First Chiropractic Clinics. I authorize the release of any information needed to process my claims And assign benefits directly to this facility.

Insured's
Signature _____ Date _____

Cash Patient Agreement

I understand and agree that all services rendered to me are charged directly to me and I am personally responsible for payment.

Cash Patient's Signature _____ Date _____