

Permission to Treat
Promise to Pay

I give Dr. X, D.C. my full consent and permission to give treatment on myself and minors listed below. Minors listed are either my own children or my legal adoptees.

I authorize Dr. X, D.C. to furnish complete information to my insurance carrier(s) and/or its (their) intermediaries and to submit a claim for all services rendered by this office. I authorize and direct my insurance carrier(s) and/or its (their) intermediaries to issue payment checks directly to this office for all services rendered. I understand that I am financially responsible to this office for any balance not covered by this authorization. I understand that if I suspend or terminate my care and treatment, any and all fees for professional services rendered to me will be immediately due and payable in full. If it is ever necessary for this office to employ collection counsel and/or take collection measures, I waive all rights to confidentiality, and I understand that I am responsible for those collection charges in addition to the fees for professional services, as well as 12% interest from the first unpaid date of service.

I give Dr. X, D.C. my permission to release any x-rays taken of me to any radiologist, to release and forward any information in my chart(s) to that/those radiologist(s) necessary for the radiologist to bill myself and/or any insurance company, and I give that/those radiologist(s) permission to bill myself and/or any insurance company for their service.

MEDICARE patients: Medicare will reimburse/pay a majority of the spinal manipulation charges for an unlimited number of visits after your deductible has been met, as long as chiropractic care is “medically necessary” based on acute symptoms AND as long as the visits do not pertain to maintenance care. These are the only charges that Medicare will reimburse/pay, and this will happen only if an x-ray of an area of complaint is on file (which Medicare will not reimburse/pay – I, the patient must do so). Medicare will not pay for any other services performed in this office, and I realize I am responsible for payment of all services rendered to me, including those that Medicare will not reimburse/pay, and I still choose to receive those services which among others are listed on the back side of this form. I am aware that Medicare often changes its rules and regulations. I understand this is my informed consent as dictated by Medicare.

I understand that the only condition treated by Dr. X, D.C. or this office is subluxation (misalignment of bones and attached structures) and directly related conditions (ex. strains, sprains, etc.). Additionally, the only diagnoses made by Dr. X, D.C. or this office pertain only to subluxations and directly related conditions.

Although most patients find chiropractic to be beneficial, there are no cures, promises, or guarantees of any kind made by Dr. X, D.C. or this office.

The majority of the charges incurred in this office are listed on the back side of this paper. I have reviewed them and have satisfactorily had a chance to ask about other charges not listed and have satisfactorily had all my questions and concerns answered including those of risks and billing.

Minors: Birthday:

Women: In the event that x-rays are necessary,
I certify that I am not pregnant today.

Initials

Printed Name

Signature

Date

CHARGES

98940	Adjustment, one or two areas	\$ 45.00
98941	Adjustment, three or four areas	\$ 75.00
97012	Traction	\$ 25.00
97124	Massage (up to 15 minutes)	\$ 25.00
97140	Trigger Point therapy	\$ 60.00
99204	Initial Exam – detailed	\$150.00
99203	Initial Exam	\$ 95.00
99212	Re-exam	\$ 50.00
72040	X-rays, Cervical AP & lateral	\$120.00
72070	X-rays, Thoracic AP & lateral	\$120.00
72100	X-rays, Lumbar AP & lateral	\$120.00
98940	Adjustment, 1-2 areas (Medicare only)	\$ 35.00