

Easton Health Solutions Chiropractic Center

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Phone (508) 230-2323 www.ehschiro.com

Office Policies & Informed Consent to Chiropractic Care

Please discuss any questions or concerns with the doctor before signing this consent.

Patient's Name _____ Date of Birth _____

Insurance Billing / Payment

Easton Health Solutions will make every effort to verify my insurance benefits, but it is ultimately my responsibility to determine benefit and authorization information before services are rendered. I understand that verification of benefits is not a guarantee of payment, and my insurance company makes the final determination of benefits upon receipt of each claim. If after Easton Health Solutions has submitted all necessary information, my insurance company refuses payment for a claim, the services rendered will then be my financial responsibility. If my insurance does not cover chiropractic care, I understand that payment is due at the time of services rendered. This includes the \$50 fee for a re-evaluation exam, which is not covered by most insurance, but is a necessary tool to objectively measure my progress.

Regardless of my payment method, my balance cannot exceed \$200 at any time.

Missed Appointment Fee

I understand that Easton Health Solutions charges **\$25** for any appointments that are missed and not cancelled at least 60 minutes prior to the scheduled time. I will be notified of my first missed appointment and not charged (one "grace" visit), then charged \$25 for any and all missed appointments thereafter.

Consent to Care

I hereby request and consent to the performance of chiropractic procedures, including:

-**Analysis** of the spine for the purpose of locating interference to the nerve system resulting from the Vertebral Subluxation Complex, and

-**Adjustments** of the spine for the purpose of reducing and correcting Vertebral Subluxations, with the goal of improving and optimizing the health and wellbeing of the spine and nervous system.

The services outlined above do not require the use of medical diagnosis nor are these services used for the treatment of disease. Chiropractic care is not a medical treatment, a replacement for, nor an alternative to medical treatment.

Though chiropractic adjustments and treatments are usually beneficial and seldom cause any problem, I understand and am informed that there are some risks to treatment. Risks may include fractures, disc injuries, strokes, dislocations, and sprains.

I acknowledge that no guarantee has been made by anyone regarding the chiropractic treatment that I have requested and authorized. I have had the opportunity to read this form and ask questions regarding my care and treatment at Easton Health Solutions.

My questions have been answered to my satisfaction, and I consent to the proposed treatment.

Patient or Guardian's Signature _____ Date _____

Guardian's Name Printed _____