

Activate Your Health

Terms and Conditions of Chiropractic Care Services

These **authorizations** must be signed by the patient or by the legal guardian of minor patient.
Please read each authorization carefully.

1. **Consent to treatment.** I do hereby authorize, request and direct the Chiropractic Physicians and staff to perform examinations, diagnostic tests, various therapies and any treatment that in their judgment, is deemed advisable or required. It is the practice of this office to provide chiropractic care in an “open adjusting” environment. This environment is used for ongoing care and is not the environment used for taking patient histories, performing histories, performing examinations or presenting report of findings. These procedures are completed in a private confidential setting. If you choose not to be adjusted in an open adjusting environment, other arrangements will be made.
2. **Authorizations to Release Information.** I authorize the release of all or any portion of my medical record to any health care practitioner or facility for the purpose of providing continuing and future medical care and treatment. We are committed to obeying all Federal, State and Local laws and regulations regarding Privacy Practices. If any other uses or disclosures than the ones listed above are needed, information will only be released with the written authorization of the individual in question. This written authorization may be revoked at any time by the individual, as provided for by law.
3. **Financial Responsibility.** Payments for services are due at the time services are rendered unless payment arrangements have been approved in advance by our staff. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. If a service is non-covered, it is the patient’s responsibility. While filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered. Refusal to sign terms and conditions give the chiropractic physician’s right to refuse treatment.

4. **Cost of Chiropractic Care.**

First Visit Exam	\$25-\$75	Adjustments	\$32-55
Electrical Therapy	\$20	Cryotherapy / Heat	\$15
Cold Laser Therapy	\$30	Massage Therapy	\$55
Ion Cleanse	\$45	Hair Analysis	\$90-\$125
Sports Physical	\$25	Traction	\$15
Rehab	\$50	Kinesiotape	\$25

I have read, understand and agree to the above terms and conditions.

Patient Name (Please Print)

Date

Patient / Legal Guardian Signature