



## Financial Policy

Our Team would like to take a moment and welcome you to our practice. Since you have made the first step in entrusting us with your health, we would like to express our commitment and dedication to making sure you receive the best care possible!

Please read our financial policies below:

**Fee-for Service:** Our patients pay out of pocket for services rendered at the time of appointment. **We accept Cash, Credit Card, or Check.**

**Insurance:** Our office is not “in-network” with any insurance company. As a courtesy, we can verify your “out of network” chiropractic benefits, and provide you with itemized receipts and statements. These statements will have diagnosis codes, procedure codes, etc. in order to help you get reimbursed directly from the insurance company, depending on your plan.

**Medicare:** We are a “non participating” provider of Medicare. This means that a payment will be required from you, the patient, at the time services are rendered. We will help provide you with necessary forms to submit to Medicare (and any supplemental) relative to your treatment. Medicare will send any portions of your reimbursements to you directly.

**Late Cancellation Policy:** Please be aware that a **24 hour notice of cancellation** is required. Otherwise, a **\$40.00 cancellation fee** will be charged on the card on file.

Patients Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Informed Consent for Chiropractic Treatment and Care

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physiotherapy and diagnostic x-rays, on me (or on the patient named below, for whom I am legally responsible) by the doctor or intern, affiliated with Health Edge Family Spinal Care.

Chiropractic care, like all forms of health care, while offering considerable benefit, may also provide some level of risk. This level of risk is most often very minimal, yet in rare cases, injury has been associated with chiropractic care. The types of complications that have been reported secondary to chiropractic care in general include sprain/strain injuries, irritation of a disc condition, and rarely, fractures. There are reported cases of stroke associated with visits to medical doctors and chiropractors. I do not expect the doctor to be able to anticipate and explain all risks and complications. I wish to rely on the doctor to exercise judgment during the course of treatment, which the doctor feels at the time, based on the facts then known, to be in my best interest.

I have read, or have had read to me, the above consent. By signing below, I agree to the above, and allow the doctor or intern, affiliated with Health Edge Family Spinal Care to perform such. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Patients Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_