

**Xray Confirmation:**

This is to confirm that I have been advised by Adkins Chiropractic that to the best of my knowledge, I am not pregnant, and consent to radiographs.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Assignment:**

I hereby instruct and direct my insurance company to pay by check made out and mailed directly to this clinic, the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charge for professional services rendered by this clinic. A Photocopy of this assignment shall be considered as effective and valid as the original.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Release of Information:**

I authorize this clinic to release any information pertinent to my case to any insurance company, adjuster, and attorney involved in this case, and hereby release this clinic of any consequence thereof.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Financial Responsibility:**

I agree to be financially responsible for all charges incurred at this clinic including my insurance deductible, co-payment, and any services rejected by my insurance company.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Consent to treat a minor:**

Minor \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**About your care:**

Initial intensive care: Corrects most recent layers of damage, usually gives relief.

Reconstructive care: Begins to correct years of damage before symptoms occurred.

Much like braces on teeth.

Wellness care: For **Optimum Health Potential**, and a better quality and quantity of life.