

# Consent to Initiate Care

At our office, we have one simple goal. We want to render the highest quality Chiropractic care at the lowest possible fee. In order to accomplish this goal, we have altered some business procedures in this clinic to keep our fees reduced. Please read over these procedures below to understand how our clinic functions, and to decide if you wish to participate. If you have any questions please direct them to the receptionist.

1. Patients may choose to be cared for by any available staff doctors present on any given visit.
2. You may choose to submit receipts to your insurance company or other third-party health care programs, but payment for such services by insurance companies is neither implied nor agreed to by our office. Our Office takes *no responsibility* for non-payment by insurance companies for services rendered at our clinic.
3. \_\_\_\_\_ (practice name) will not respond to *any* requests for paperwork for insurance purposes or even acknowledge insurance requests for information on any patient's case. However, patients may have a copy of their records and the original x-rays at any time they request.
4. No balances can be kept or run by patients at any time.
5. All adjustment visits are paid immediately **prior** to the service being rendered.
6. All examinations and x-rays are paid upon completion of these services.
7. Our clinic reserves the right to deny services to anyone for any reason, or if the doctor feels that the patient's health is not being best served.

To initiate care at our facility, there are two required visits you will be scheduled for. If you cannot attend either of these two visits, the negative impact on your care will be profound, and we cannot in good conscious initiate your care. These required visits are:

1. **Initial Interview and Examination:** *This visit will consist of a health history, chiropractic examination, and x-rays if needed. (This is probably the visit you are present for now) Total time about 30 – 45 minutes.*
2. **Report of Findings:** *This visit will consist of a detailed report of findings with recommendations for your care. Also included is information on chiropractic health and wellness. Recommendations on what to do between visits and a detailed explanation of your care plan. X-rays will also be reviewed at this time. We recommend that spouses and adult family members attend this visit with the patient. Children should not attend this visit as the material may be too advanced and children will find it difficult to stay attentive without becoming a distraction for that amount of time. Due to the time required, there are only certain times this visit is given. Check with our receptionist or one of our doctors for available times. Total visit time about 60 -75 minutes.*

I wish to initiate care at \_\_\_\_\_ (practice name). I have read and understand the Consent to Initiate Care and agree to all terms. I understand that I am under no obligation to receive or continue care.

**Print your name** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Sign your name** \_\_\_\_\_