

Bradley Chiropractic
Consent to Chiropractic Services

Consent to Treatment of a Minor Child

I have authority to & do authorize Bradley Chiropractic to administer chiropractic care as deemed necessary to my (relationship) _____
(name) _____.

x _____
parent/guardian initials

Female Patients

I hereby certify that to the best of my knowledge, I am not pregnant and Bradley Chiropractic has my permission to take x-rays of me.

Date of last menstrual cycle _____

Do you have implants of any kind? Yes ___ No ___

x _____
patient initials

Consent to Chiropractic Services

I hereby request and consent to chiropractic manipulations and other procedures including various modes of physical therapy, diagnostic x-rays and or tests by Bradley Chiropractic, LLC and their staff who now or in the future treat me while employed by this office. I have had an opportunity to discuss with the doctor and/or with office personnel the nature and purpose of treatment indicated. I understand that results are not guaranteed and am informed that, as in the practice of medicine, in the practice of chiropractic there are some risks to treatment, including but not limited to fractures, disc injuries, strokes, dislocations and sprains. I do not expect the doctor to be able to anticipate and explain all risks and complications and wish to rely on the doctor to exercise judgement during the course of any procedure which the doctor feels at the time is in my best interest. I have read, or have had read to me, the full above consent and have also had an opportunity to ask questions about its content and by signing below I agree to the above terms and procedures. I intend this consent to cover any treatment for my present condition and for any future conditions for which I seek treatment by this clinic and/or employed staff.

Signed _____ Date _____

Witness _____ Date _____

Financial Policy

1. It is the policy of this office that all services rendered are charged directly to you, the patient, and that ultimately the patient is responsible for all services, including those not reimbursed by third party payors.
2. You are considered to be a time of service fee patient until our office “qualifies” your coverage to determine the extent of benefits under your policy. The privilege of insurance assignment begins when our office receives your insurance forms. (Claim Forms, etc.)
3. All deductible/co-payments are payable when service is rendered.
4. I understand that I am financially responsible for all charges whether paid or not paid by my insurance. Since we do not own your policy and occasionally we experience difficulty in collecting from the carrier, we may ask for your active assistance in rectifying this situation.
5. Should you discontinue care for any reason other than discharge by the doctor, any and all balances due will become immediately payable in full, regardless of any claims submitted.
6. Returned checks and balances over 30 days will be subject to interest at the maximum legal rate from that date until paid in full. Past due accounts will be sent to collections after 90 days. In the event that it becomes necessary to turn the account over to an attorney or agency for collection of any amount, the patient will be responsible for a reasonable collection fee and all cost of collection including court costs and attorney fees.
7. If your personal injury case is not settled and paid in full within 90 days of being released from care the balance will become immediately payable in full.
8. A fee of \$10.00 will be charged to patients who miss their appointment without notifying the office one hour prior to their scheduled appointment time.

9. Lastly, it is the goal of this office to provide you with the finest quality chiropractic care available. If you have any questions with regard to your health care, or any of our policies, please let us know. We look forward to your referrals and to a doctor-patient relationship that works for our mutual benefit.

I have read, understand & agree to the office and financial policies for Bradley Chiropractic, LLC.

Signed _____ Date _____

Witness _____ Date _____