

Chiropractic Care Consent and Financial Policy

Please read this document carefully. It contains important information regarding your chiropractic treatment and our financial policies. Once you have read and understood this document, please complete the signature section at the bottom.

Part 1: Informed Consent for Chiropractic Care

Chiropractic care, like all health procedures, involves some risk. It is important that you understand both the benefits and risks associated with chiropractic adjustments and other physical therapy modalities before treatment begins.

Nature of Chiropractic Treatment

The primary treatment used by doctors of chiropractic is the chiropractic adjustment (spinal manipulative therapy). This involves utilizing the hands or a mechanical instrument to apply a precise, directed force to specific joints of the spine or extremities to restore proper motion and function.

Associated Risks

While chiropractic care is generally safe and effective, you should be aware of the following potential risks:

- Temporary muscle soreness or stiffness following treatment.
- Sprain/strain injuries to spinal ligaments or muscles.
- Extremely rare occurrences of rib fractures, disc herniations, or nerve irritation.
- In exceptionally rare instances, adjustments to the neck have been associated with stroke or stroke-like symptoms due to injury of the vertebral artery.

Acknowledging Alternatives

Other treatment options for your condition may include self-care, over-the-counter pain medications, prescription medications, physical therapy, medical specialist referrals, or surgical intervention. You have the right to discuss these options and their risks with your chiropractor.

Part 2: Financial Policy

We are committed to providing you with the best possible care. To prevent any misunderstandings, please review our financial guidelines:

Payment Obligations

- Payment is due at the time of service. This includes co-pays, deductibles, and co-insurance.
- We accept cash, checks, and major credit cards.
- If you have insurance, we will help you file claims as a courtesy, but you remain ultimately responsible for the payment of all services rendered.

Insurance Coverage

Please remember that your insurance policy is a contract between you and your insurance provider. It is your responsibility to verify your chiropractic benefits, coverage limits, and referral requirements prior to receiving treatment.

Missed Appointments

We require at least 24 hours' notice for cancellations. Failure to provide notice may result in a missed appointment fee that is not covered by insurance.

Part 3: Patient Acknowledgment and Consent

By filling out the fields below, you acknowledge that you have read, understood, and agree to the terms of the Chiropractic Care Consent and the Financial Policy outlined above.

Patient Full Name:

Parent/Legal Guardian Name (if applicable):

Patient/Guardian Signature (Type Full Name to Sign):

Date Signed (MM/DD/YYYY):