



Acknowledgment of Financial Responsibility

Your insurance policy is a contract between you and your carrier. Most policies reimburse for at least some chiropractic and wellness care. But coverage varies from policy to policy with constant changes. All liability patients are responsible for keeping their insurance and attorney aware of changes in medical treatment in our facility for the most accurate reimbursement.

Our billing department will work diligently with your insurance company, attorney or any other party involved for reimbursement on your behalf.

I accept financial responsibility for my care. I instruct this office to deliver the care that, in their judgment, can best help me in the restoration of my health.

Print Name

Patient Signature

Date