



***Insurance Policy***

Thank you for selecting our office for your Chiropractic needs. Our office will bill your personal health insurance policy for services rendered at our office. As a courtesy, we will prepare and submit the claim forms for you to your insurance company.

However, please be aware that this in no way guarantees payment by your insurance carrier. We do not assume responsibility for what your insurance will pay, or if your insurance will pay. The ultimate responsibility for your bill, and final verification of what your insurance covers and will pay, is yours. Only you and your insurance company know the details of your particular policy. Read your insurance policy carefully prior to your treatment.

Please let us know of any insurance coverage you may have and which policy is primary. *We don't bill secondary policies.*

We cannot accept the responsibility of negotiating claims with insurance companies. Your insurance policy is a contract between you and your insurance company. The patient is ultimately responsible for any fees incurred for services.

***I have read and fully understand the above statement regarding my insurance coverage.***

\_\_\_\_\_  
**Patient's Signature**

\_\_\_\_\_  
**Date**