

# Discounted Services & Insurance Agreement

Some services today are being provided to you at a discounted rate.

Your evaluation may consist of a; consultation, complete case history, and chiropractic, orthopedic, neurological assessment and examination.

The chiropractic and orthopedic evaluation may include but is not limited to; visual inspection, motion palpation, active, passive and resisted range of motion, and orthopedic tests specific to the localized area. The cervical, thoracic, lumbar and sacroiliac regions will be assessed.

The neurological evaluation consists of; muscle testing, deep tendon reflexes, and bilateral sensory assessment.

If insurance coverage exists, your insurance will not be billed for the examination portion of today's visit.

**Signature:** \_\_\_\_\_

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

---

## Insurance Information

I understand and agree that health and accident insurance policies are an agreement between an insurance carrier and myself. Furthermore, I understand that this office will prepare any and necessary reports and forms to assist me in making collections from the insurance company and that any amount to be paid directly to this office will be credited to my account upon receipt. However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment, and fees for professional services rendered to me will be immediately due and payable.

**Signature:** \_\_\_\_\_

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