

Carey Chiropractic

Dr. Paul F. Carey, D.C.

Name: _____ Date: ____/____/____

Please read, sign, and date each of the following:

Release of Records

I, do hereby authorize Carey Chiropractic to release my medical and billing records to any of it's billing companies, attorney, adjusters, etc. for the purpose of getting my bill paid.

Signature

Consent to Treat

I hereby authorize Carey Chiropractic and their assistants to perform medical examination, physical therapy, spinal manipulation, and/or diagnostic testing to me today.

Signature

Financial Agreement

I have been advised by Carey Chiropractic that my co-payment or co-insurance will be collected on each visit. I also understand that if I am not able to afford my entire co-pay or co-insurance, special agreements may be made for me. However, it is my responsibility to notify Carey Chiropractic of my situation.

Signature

Assignment of Benefits

I understand that my insurance company may not accept assignment, I understand that my insurance company will pay me directly for the services rendered to me from Carey Chiropractic. I also understand that I will receive check(s) from the insurance company made payable in my name to me directly. I also understand that it is my responsibility to forward these checks and all explanation of benefits to Carey Chiropractic immediately upon receipt. I understand that it is illegal for me to cash or deposit the insurance check that I receive for services from this provider, particularly when I have not paid for the services personally. I understand that if I fail to forward the check for these services, it will be my responsibility to pay my balance in full for all services provided to me. I know that I will be given five business days to settle my account before legal proceedings begin. If my account is not settled, I will also be responsible for any additional costs, such as court costs and legal fees. I understand that services provided to me today may be issued on more than one check, and I agree to forward ALL checks regarding today's treatment to Carey Chiropractic. I willingly sign this agreement.

Signature

Limited Power of Attorney

I express, authorize, and give power of attorney to Carey Chiropractic, and their billing agents, for the signing and completing of any form in the completion of my claims and endorsing any check made payable to me, in support of processing or making payment of claim for any charges incurred by me at this office. Further, this office acknowledges that it is only entitled to receive payment for only those charges which were incurred through this office and any overpayment will be refunded appropriately and timely.

Signature