



FINNELL CHIROPRACTIC

149 Iron Point Road • Folsom, CA 95630
916-989-1014

Patient Name _____

Patient# _____ Date _____

TERMS OF ACCEPTANCE

CONSENT TO TREAT A MINOR:

(initial) (date)

I, _____, being the parent/guardian of _____ have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive chiropractic care.

PREGNANCY RELEASE:

(initial) (date)

This is to certify that to the best of my knowledge, I am not pregnant and Dr. Finnell / Dr. Lyon have permission to perform an x-ray evaluation. I have been advised that x-ray can be hazardous to an unborn child.

PRIVACY ACT NOTIFICATION:

(initial) (date)

I, the undersigned, have been made aware of and given a copy of the Notice of Privacy Practices at Core Chiropractic. I agree to read the notice and if I have any concerns or questions, I will ask the doctor or staff to clarify anything I don't understand.

FINANCIAL POLICIES:

(initial) (date)

- All services are to be paid for before or at the time of service.
All deductibles are to be paid for at the beginning of the course of care.
All co-payments are due before or at the time of service.
Prepayment plans are offered to all patients.
Insurance verifications are done as a courtesy to all patients. We encourage our patients to also verify their insurance coverage.
Any changes in coverage are the patients' responsibility to notify the staff.
X-rays and exams are NOT covered by Medicare and therefore are the patient's responsibility and are to be paid at the time of service.
When involved in a personal injury case, unless the patient is utilizing MED PAY on their insurance policy, an attorney must be acquired and a LIEN signed prior to the commencement of care. If no attorney is acquired, the patient must sign a "personal/medical" LIEN prior to care.

I have read and understand the office's Financial Policies set forth above and agree to be bound by these terms. I also understand and agree that such terms may be amended at any time by Finnell Chiropractic, without prior notification.

Signature of Responsible Party _____

Date _____

Printed Name _____

Date _____

Signature _____

Signature of Parent or Guardian _____