

Consent to Initiate Care

At our office, we have one simple goal. We want to render the highest quality Chiropractic care at the lowest possible fee. In order to accomplish this goal, we have altered some business procedures in this clinic to keep our fees reduced. Please read over these procedures below to understand how our clinic functions, and to decide if you wish to participate. If you have any questions please direct them to the doctor.

1. Patients have the right to discontinue care at any time.
2. Nichols Family Chiropractic is a cash practice and does not submit bills to insurance or provide bills for the individual to submit.
3. Nichols Family Chiropractic will not respond to any requests for paperwork for insurance purposes or even acknowledge insurance requests for information on any patient's case.
4. Patients may have a copy of their records and the original x-rays at any time they request.
5. Payment for individual visits will be due upon rendering of care.
6. All recurring monthly payments will be applied on the same day of the month, chosen by the patient.
7. All examination fees are paid upon completion of the services.
8. Our clinic reserves the right to deny services to anyone for any reason, or if the doctor feels that the patient's health is not being best served.

To initiate care at our facility, there is one required visit you will be scheduled for:

Initial Interview, Examination, and Report of Findings: This visit will consist of a health history, chiropractic examination, referral for x-rays if necessary, and a detailed report of findings with recommendations for your care (included in the report is information on chiropractic health and wellness, home care, and review of x-rays if present). We recommend that spouses and adult family members attend this visit if possible. If referred for x-rays, the report of findings portion of the visit will be conducted on a subsequent visit.

Total time approximately 45 – 60 minutes.

I wish to initiate care at Nichols Family Chiropractic. I have read and understand the Consent to Initiate Care and agree to all terms. I understand that I am under no obligation to receive or continue care.

Print your name _____ Today's Date _____

Sign your name _____