

POLICIES

1. All first visit charges are payable when services rendered.
2. The fee paid for treatment x-rays is for analysis only. The film itself is the property of this office. Once films are used for treatment purposes, they cannot be released. Copies can be made if necessary.
3. Method of payment you plan to use to take care of today's charges?

Cash Check Visa/MasterCard

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand Hale Chiropractic will prepare any necessary reports and forms to assist in making collections from the insurance company and that any amount authorized to be paid directly to Hale Chiropractic will be credited to my account upon receipt. *However*, I clearly understand and agree that all services rendered 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 at this office, any outstanding charges for professional services rendered me will be immediately due and payable.

I agree that I will be responsible for all attorney and legal fees if legal action becomes necessary to collect this account.

Patient Signature: _____ Date: _____

Guardian Signature Authorizing Care: _____ Date: _____

In case of emergency, notify: _____

Relationship: _____

Address: _____

Phone Number: _____

TERMS OF ACCEPTANCE

When a patient seeks chiropractic healthcare and we accept a patient for such care, it is essential for both to be working towards the same objective.

Chiropractic has only one goal. It is important that each patient understands both the objective and the method so that this goal may be obtained. This will prevent any confusion or disappointment.

Adjustment: An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxations. Our chiropractic method or correction is by specific adjustments of the spine utilizing a hand held instrument called an Activator.

Health: A state of optimal physical, mental and social well being, not merely the absence of disease or pain.

Vertebral Subluxation: A misalignment of one or more of the 24 movable bones in the spinal column call a vertebra which causes alteration of the nerve function and interference to the transmission of mental impulses. This results in a lessening of the body's innate ability to express its maximum potential.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxations. However, if during the course of a chiropractic spinal evaluation, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis, or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. **Our only practice objective** is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

I, _____ have read and fully understand the above statements.
(print name)

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction.

I therefore accept chiropractic care on this basis.

Signature: _____ Date: _____