

Wilson Chiropractic Center

715 N 1st Ave

Evansville In 47710

(812) 422-1380

Office Policy

- 1. Payment is due at the time of service. Accepting assignment is a courtesy and may be withdrawn at any time.**
- 2. Insurance payments are usually made within 30 days. However, if there is no activity within 45 days the balance becomes due and is the responsibility of the patient.**
- 3. Patients must stay current with their portion. Patient portions are due at the time of service.**
- 4. If patient discontinues care for any reason, other than discharge by the doctor, the balance is due and must be paid in full.**
- 5. This office DOES NOT promise that any Insurance Company will pay or should pay the fees as charged.**
- 6. Any balance is subject to a 2% monthly service charge.**
- 7. This office will not enter into a dispute with any Insurance Company over reimbursement or the amount of reimbursement. This is the responsibility of the patient.**
- 8. The fees at this office may be higher or lower than other offices. You may request a copy of our Fee schedule from the front desk.**
- 9. We will be happy to answer any questions and assist you whenever possible.**

Date _____

Signature _____

INFORMED CONSENT FOR CHIROPRACTIC CARE

A patient, in coming to the Chiropractic Physician, gives the doctor permission and authority to care for the patient in accordance with chiropractic tests, diagnosis, and analysis. The chiropractic adjustments or other clinical procedures are usually beneficial and seldom cause any problems. In rare cases, underlying physical defects, deformities or pathologies may render the patient susceptible to injury. The doctor, of course, will not give any treatment or health care if he is aware that such care may be contraindicated. Again, it is the responsibility of the patient to make it known, or to learn through health care procedures whatever he is suffering from: latent pathological defects, illnesses or deformities which would otherwise not come to the attention of the Chiropractic Physician. The Chiropractic Physician provides a specialized, non-duplicating health care service. Your Doctor of Chiropractic is licensed in a special practice and is available to work with other types of providers in your health care regimen.

Have you been treated by a chiropractor before? If yes, for what symptoms _____

What is your current complaint and symptoms: _____

I understand that if I am accepted and treated by Scott Wilson D.C., I am authorizing him to proceed with any treatment that may be necessary. Furthermore, I understand that Scott Wilson D.C. is only responsible for detecting and correcting any subluxation, and is not responsible for any other diagnosis or treatment other than subluxation.

Patient Signature: _____