

PHILOSOPHICAL AGREEMENT

CONSENT TO INITIATE CARE

- The only objective of this office is to keep the body as free as possible from vertebral subluxations. We do this because of our absolute conviction that a body is better able to live up to its full potential when no subluxations are present and for no other reason.
- It is not the goal or intention of Simply Chiropractic to diagnose, treat, or attempt to cure any physical, mental, or emotional ailments, or to give advice about any ailments.
- 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 of our business procedures to keep our fee reduced.
- You may choose to submit receipts to your insurance company or other third-party health care programs, but payment for such services by insurance companies is neither implied nor agreed to by this office. We take *no responsibility* for non-payment by insurance companies for services rendered at our office.
- Our office will not respond to any requests for paperwork for insurance purposes or even acknowledge insurance requests for information on any patient's case. However, patients may have a copy of their records.
- No Balances can be kept or run by patients at any time.
- All adjustment visits are paid immediately *prior* to the service being rendered.
- All initial visits are paid for upon *completion* of these services.
- Our office 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.

I _____, choose to receive chiropractic for myself and my minor children (listed below) on the understanding of and agreement with the above scope of practice.	Children 17 and under are complimentary included with membership of a parent or legal guardian
	Age

I wish to initiate care at this office. 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 _____

Signed _____

Date _____