

WE REQUIRE A 24 HOUR ADVANCE NOTICE IF YOU MUST CANCEL YOUR APPOINTMENT. A MISSED APPOINTMENT IS SUBJECT TO A \$40.00 CHARGE IF NOT MADE UP WITHIN 10 BUSINESS DAYS.

Insurance is a contract between you and your insurance carrier. As a courtesy, we will file your claim on your behalf. If there is a balance due on your account after all claims have been reviewed by your carrier, payment is due from you. You are responsible for your deductible, coinsurance and copayment, as well as any non-covered services on the date services are rendered. If you have questions regarding your insurance benefits, we will be happy to review them with you.

I, _____ hereby authorize Andrew Garcia, D. C. to obtain medical records pertaining to my condition to further assist him in rendering treatment at Fields Chiropractic Clinic.

(Signature) Name _____ Date _____
(Please Print)

I authorize payment of medical benefits to be made on my behalf to Fields Chiropractic Clinic for any services furnished to me. I authorize the release of any medical information held by Fields Chiropractic Clinic to the healthcare financing administration and its agents to process my claims. I have read and I have been given (upon request) a copy of Fields Chiropractic Patient Confidentiality Policy. I hereby give my permission for treatment.

(Signature) Name _____ Date _____
(Please Print)

I certify to the best of my knowledge that the above information is accurate and complete. I agree to pay for services rendered to the above mentioned patient as the charge is incurred. I understand and agree that health, auto, and accident insurance policies are an arrangement between an insurance carrier and myself, and I am personally responsible for payment of any and all services covered or not covered. I also understand that if I suspend or terminate my care and treatment, any fee for professional services rendered to me will be immediately due and payable.

(Signature) Name _____ Date _____
(Please Print)

Or Guardian's Signature _____ Name _____ Date _____