

POEHLMAN CHIROPRACTIC AND NUTRITION CENTER

PATIENT AUTHORIZATION

While the initial consultation is of NO Charge, if Dr. Poehlman recommends additional service(s), you will be responsible for those services that day. If your insurance company covers the service(s), Dr. Poehlman will issue a credit or reimbursement.

I authorize Poehlman Chiropractic and Nutrition Center to release any medical information to complete my usual and customary forms at no charge to assist in collecting from my insurance company.

I understand and agree that health and accident insurance policies are an arrangement between an insurance company and myself. I understand Poehlman Chiropractic and Nutrition Center will prepare any necessary reports and forms necessary to collect from my insurance company. I understand that any amount authorized to be paid to Poehlman Chiropractic, whether the check is sent to Poehlman or myself, will be given to Poehlman Chiropractic and credited to my account.

However, I clearly understand and agree that I am personally responsible for payment.

Patient's Signature

Date

Guardian's signature authorizing care for Minor Child

Date