

Consent to Chiropractic Examination and Treatment

Patient's Name _____

Date _____

I hereby authorize Dr. Elliott to examine and treat me (or named patient above). I understand the purpose of the procedures, the risks and benefits, and attendant discomforts that may arise, as well as possible alternatives to the proposed treatment. The attendant risks of no treatment have also been discussed. I have been given an opportunity to ask questions and all my questions have been answered fully and to my satisfaction.

I understand that during the courses of the procedures, unforeseen conditions may arise that necessitate procedures different from those contemplated (it may not be possible to fix my problem).

I also understand the financial obligation attached to this procedure and agree to comply as listed below.

Fees paid at time of service

Examination and Consultation:	usually complimentary (exam fees range from \$32.10-\$107)
Chiropractic adjustment: 1-2 areas:	\$39.00
3 or more areas:	\$49.50
5 or more areas	\$61.00
Extremity	\$39.00
Manual Therapy (myofascial release):	\$35.50 per 15 mins.
Ultrasound, massage:	\$25.50 per 15 mins.
Acupuncture treatment:	\$45.00
Traction:	\$25.50
Electrical stim, ice/heat:	\$15.00

*Analgesic cream, orthotics, back belts, pillows, and traction units: Costs vary

I understand that I am responsible for **All** fees regardless of insurance coverage. If my payments are not received within 30 days of their due date, I agree to pay all costs of collections, including, but not limited to court/paperwork costs, and/or reasonable attorney's fees.

7% interest will be added if the balance remains unpaid after your 2nd statement has been sent to you. _____
(initial)

I confirm that I have read and fully understand the above prior to my signing. I hereby consent examination and proposed treatment.

Signature of Patient: _____ **Date** _____

(Parent or Guardian if Minor)

_____ **Date** _____

Witness (and interpreter if used)

Doctor's Certification: I certify that I have explained the nature, purpose, benefits, risks of, and alternatives (including no treatment and attendant risks), to the propose procedures. I have offered answers to any questions and have fully answered all such questions. I believe that the patient/guardian fully understand what I have explained and answered.