

Consent to Initiate Care

At Valley Chiropractic, 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 business procedures in this clinic to keep our fees reduced. Please read over these procedures below to understand how our clinic functions, and to decide if you wish to participate. If you have any questions please direct them to the receptionist.

1. **Assignment & Release:** I hereby authorize my insurance benefits to be paid directly to the Atlas Group, Inc. Dr. Clayton P. Williams, and I understand that I am financially responsible for any non-covered services, co-pays and deductibles or any changes my insurance company does not consider usual and customary. I also authorize the Atlas Group, Inc., Dr Clayton P. Williams and his staff to release any information required in the processing of this claim.
2. Valley Chiropractic takes *no responsibility* for non-payment by insurance companies for services rendered at our clinic.
3. However, patients may have a copy of their records and the original x-rays at any time they request.
4. No balances can be kept or run by patients at any time.
5. All adjustment visits are paid immediately when services are rendered.
6. All examinations and x-rays are paid upon completion of these services.
7. The office policy and financial arrangements have been explained to me. I agree to call if I have any questions. I also agree to contact the office if any insurance benefits change in the future. I understand I have the obligation to pay any unpaid balance due under this agreement.
8. Our clinic 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.

To initiate care at our facility, there are two required visits you will be scheduled for. If you cannot attend either of these two visits, the negative impact on your care will be profound, and we cannot in good conscious initiate your care. These required visits are:

1. **Initial Interview and Examination:** *This visit will consist of a health history, chiropractic examination, and x-rays if needed. (This is probably the visit you are present for now) Total time about 60 – 75 minutes.*
2. **Report of Findings:** *This visit will consist of a detailed report of findings with recommendations for your care. Also included is information on chiropractic health and wellness. Recommendations on what to do between visits and a detailed explanation of your care plan. X-rays will also be reviewed at this time. We recommend that spouses and adult family members attend this visit with the patient. Children should not attend this visit as the material may be too advanced and children will find it difficult to stay attentive without becoming a distraction for that amount of time. Due to the time required, there are only certain times this visit is given. Check with our receptionist for available times. Total visit time about 45 minutes.*

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. I hereby authorize the use of this signature on all insurance submissions.

Print your name _____ **Today's Date** _____

Sign your name _____