

- CHIROPRACTIC - KINESIOLOGY - SPORTS INJURY - MASSAGE THERAPY- FUNCTIONAL MEDICINE -

INFORMED CONSENT

Medical doctors, chiropractic doctors, osteopaths, kinesiologists and physical therapists who perform manipulation are required by law to obtain your informed consent before starting treatment.

I _____, do hereby give my consent to the performance of conservative noninvasive treatment to the joints and soft tissues. I understand that the procedures may consist of manipulations/adjustments involving the movement of the joints and soft tissues. Physical therapy, exercises and nutritional supplementation may also be used as part of the treatment. During the manipulation/adjustment the doctor will use his/her hands or a mechanical device upon your body in such a way as to move your joints. That may cause an audible “pop” or “click” much as you experience when you “crack” your knuckles. You may feel or sense movement.

Although spinal manipulation/adjustment is considered to be one of the safest, most effective forms of therapy for musculoskeletal problems, I am aware, as with any health care procedure, there are certain complications which may arise during a chiropractic manipulation/adjustment. Those complications include: fractures, disc injuries, dislocations, muscle strain and myelopathy. Some patients may feel some stiffness and soreness following the first few days of treatment. Fractures are rare occurrences and generally result from some underlying weakness of the bone which we check during the taking of your history and during examination and X-ray. Cerebral vascular accidents have been the subject of tremendous disagreement within and without the profession with the one prominent authority saying that there is at most a one-in-a million chance of such an outcome. Since even that risk should be avoided if possible, we employ tests in our examination which are designed to identify if you may be susceptible to that kind of injury. The other complications are also generally described as “rare”.

There are beneficial effects associated with these treatment procedures including decreased pain, improved mobility and function, and reduced muscle spasm. The practice of medicine, including chiropractic, is not an exact science and I acknowledge that no guarantee has been made to me regarding the outcome of these procedures.

Other treatment options for your condition include self administered, over-the-counter analgesics, medical care with prescribed drugs, naturopathic remedies including homeopathy, herbs, vitamins and minerals, home exercise and stretches and dietary changes.

Remaining untreated allows the formation of adhesions and reduces mobility which sets up a pain reaction further reducing mobility. Over time this process may complicate treatment making it more difficult and less effective the longer it is postponed. The probability that non-treatment will complicate a later rehabilitation is very high.

Initial

Additional Fees

We may use additional modalities or therapy devices in conjunction with your manipulations/adjustments. Physiotherapy, exercises and nutritional supplementation may also be used as part of the treatment. These modalities/devices may include laser stimulation, oxygen treatment, cold laser, PEMF, Active Therapeutic Movement machine.

These treatments are unfortunately not billable through insurance and as a result in many offices and practices come at an additional cost for each individual treatment.

We at Arvizu Chiropractic want to keep your health and well being as affordable as possible and provide these additional treatments at one blanket price of **\$20**, regardless of how many additional modalities/devices you will need for your in office treatment.

Initial

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FINANCIAL POLICY

Thank you for choosing Arizu chiropractic as your healthcare provider. We are committed to your treatment. Please understand that payment of your bill is considered part of your treatment. The following is a statement of your Financial Policy which we require you to read carefully and sign prior to any treatment.

TO PATIENTS NOT USING INSURANCE:

Full payment is expected at the time of service

TO PATIENTS USING HEALTH INSURANCE:

- ❖ We bill your insurance as a courtesy
- ❖ You must provide us with a copy of your insurance card for proper billing
- ❖ It is your responsibility to know your insurance coverage
- ❖ All co-payments are due at time services are rendered
- ❖ If deductible applies, you must be responsible for the **Full Amount** insurance doesn't cover
- ❖ If insurance does not cover the treatment(s), you are responsible for the **Full Amount**

TO ALL PATIENTS:

- ❖ You assume financial responsibility for the care given, whether or not an insurance company is involved
- ❖ We accept cash, checks, credit cards, treatment financing
- ❖ We will carry no balances over \$100
- ❖ Parents or Guardians are responsible for a minor's payment

MISSED APPOINTMENT/RESCHEDULE APPOINTMENT POLICY

If you should:

- ❖ NOT give at least 24 hour hours cancellation/reschedule in advance of an appointment
OR
- ❖ NOT show up for a scheduled appointment

YOU WILL BE CHARGED \$25 FOR THE APPOINTMENT. This fee is not billed to your insurance company and must be taken care of prior to your next appointment.

I have read, understand and agree to the Financial and Missed Appointment Policies.

Initial

DO NOT SIGN UNTIL YOU HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE INFORMATION AND POLICIES.

I have read the above explanation of chiropractic treatment or I have had the above explanation of chiropractic treatment read to me. Any questions I have regarding these procedures have been answered to my satisfaction PRIOR TO SIGNING THIS CONSENT FORM. I have made my decision voluntarily and freely.

To attest to my consent to these procedures, I hereby affix my signature to this authorization for treatment.

SIGNATURE OF THE PATIENT OR RESPONSIBLE PARTY

DATE