

## FIVE POINTS CHIROPRACTIC

### PRIVACY PRACTICE

We are required by law and HIPPA Regulations to maintain the privacy of patients and provide individuals with a notice of our legal duties and privacy practices with respect to their protected health information. We have a copy of our privacy practices available for you to read. Just ask the receptionist for a copy.

Your signature below is only to acknowledge that we have advised you of our notice of privacy practices being available to you.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### INSURANCE INFORMATION & FINANCIAL RESPONSIBILITY

Subscriber's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Subscriber's Employer: \_\_\_\_\_

Subscriber's SS#: \_\_\_\_\_ Subscriber's Birth Date: \_\_\_\_\_

Most insurance policies will provide limited chiropractic coverage, but benefits will vary from company to company and policy to policy. Therefore, although we file your insurance for you (the patient), you are responsible for any co-pay, deductible due or co-insurance amount at the time of service. This includes Medicare and Medicare Supplement policies, which are reimbursed to the patient. **Any unpaid amount by the insurance company is the patient's responsibility.**

I **authorize** FIVE POINTS CHIROPRACTIC to file with my insurance company and to receive any payment due. **I understand that I am fully responsible for any payment due.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_