



## Terms Of Acceptance

In order to accept you as a patient of our office, we require that you read and agree with the following conditions.

1) This office provides chiropractic care only for the location, analysis and correction of vertebral subluxation. Vertebral subluxation is a condition in which one or more of the bones of your spine are not in their proper place or out of alignment. This causes interference to the proper function of your spinal cord and nerves. Since the spinal cord and nerves are part of the master control system of your body, any interference with their function causes your body to be in a state of disease. When your body is in disease you lose your ability to heal properly and stay well. Correction of vertebral subluxation, through the chiropractic adjustment, restores your spinal cord and nerves, and allows your body to express health to the fullest.

Chiropractic is not the practice of medicine, and it is not intended to be a substitute for any medical care that you may now be receiving or may choose to receive in the future. If you feel that you need medical advice, we suggest that you consult your medical doctor. Chiropractic techniques and methods are not taught in medical school, and your medical doctor is not a chiropractor. Some medical doctors do practice spinal manipulation, and although it may seem the same as a chiropractic adjustment, it is in fact very different. Expert chiropractic care and chiropractic advice can only be provided by a chiropractor.

**By signing this form you agree that you understand that you will be provided with chiropractic care as described above.**

2) In order to keep my fees reasonable we are unable to complete insurance paperwork and to respond to insurance company requests for information. Private healthcare generally covers care that is provided as a treatment for a sickness or disease. Since the care in this office is provided to allow your body to express health to the fullest and not a direct treatment for any sickness or disease, it is not covered by insurance. If you are covered by Medicare, please be advised that Medicare does not cover the services provided in this office and you cannot submit your receipts to Medicare. **By signing this form you understand that we are not responsible if you are not reimbursed from your insurance company.**

3) We do not accept care for any patient who is seeking chiropractic care involving a law suit related to an automobile accident, workers compensation, or any other legal matter which might require our office to complete legal reports or to testify in court.

**By signing this form you affirm that you are not seeking chiropractic care involving a law suit related to a legal case, and that you will inform this office if your situation changes so that we can refer you to another chiropractor who deals with legal cases.**

I have read the statements above and I agree to their conditions.

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Signature

Date

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Witness