

# DOCTOR PATIENT RELATIONSHIP IN CHIROPRACTIC

## CHIROPRACTIC

Chiropractic is so simple in that it is based upon the understanding that the nervous system runs the body and thus, interference to this system creates an unhealthy body. The purpose of Chiropractic care in this center is to eliminate this interference through structural correction of the spine.

*We strive to teach our patients the key principle to Chiropractic:*

“The power that made the body is the only power that can heal the body. The environment does not get a person sick, but rather it is an unhealthy body that succumbs to the environment.”

## CONSENT TO TREATMENT

I authorize Daniel Watters, D.C. and whomever he may designate as his assistant to perform Chiropractic adjustments, treatment, and procedures. I further consent to x-ray exams, consulting services and diagnostic procedures rendered in conjunction with treatment.

## ASSIGNMENT OF BENEFITS

I hereby instruct and direct the \_\_\_\_\_ insurance company to pay by check made directly to: Daniel Watters, D.C. 350 N. Main St., Coopersburg, PA 18036.

## RELEASE OF INFORMATION

I authorize the release of any information pertinent to my case to any insurance company, adjuster, or Attorney involved in the case.

## RESPONSIBILITY FOR PAYMENT

I acknowledge to and agree to pay in full the professional services rendered. I understand that even if the doctor bills my health insurer for the services, such billing does not relieve me of my responsibility to pay for the services.

## QUESTIONS

The patient should discuss any questions or problems with the Doctor before signing this statement of policy.

## ACKNOWLEDGMENT

I have read the foregoing and I understand it.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature (Minor)

\_\_\_\_\_  
Date