

# Welcome to Pickens Family Chiropractic!

Thank you for choosing our office for chiropractic care. We are committed to providing your family with the highest quality of corrective and wellness chiropractic care available so that you and your family can enjoy an active, healthy, life. We will be working together to help you and your family reach your health and wellness goals.

If you ever have any questions about your chiropractic care, please don't hesitate to ask one of our highly educated chiropractic team members. All of your questions, even the ones you haven't even thought of yet, will be answered during your Chiropractic Report and your Human Potential Program.

**Yours in Health,**

***Dr. Brian Dooley***

# TERMS OF ACCEPTANCE

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same objective.

Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be able to attain it. This will prevent any confusion or disappointment.

**Adjustment:** An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

**Health:** A state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity.

**Vertebral Subluxation:** A misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal evaluation, we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. **Our only practice objective** is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

I, \_\_\_\_\_ have read and fully understand the above statements.  
(print name)

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction.

I therefore accept chiropractic care on this basis.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

# Chiropractic Insurance Verification Form

Here is what you do to verify coverage for Chiropractic Care:

Call your insurance company and ask the following questions:

- θ Name of person who gave you the information???? \_\_\_\_\_
- θ Does my policy cover Chiropractic? \_\_\_\_\_
- θ If yes, are there any limits to my coverage? \_\_\_\_\_
- θ What are those limits? \_\_\_\_\_
- θ Is there a limit to the number of visits allowable? \_\_\_\_\_
- θ If yes, how many? \_\_\_\_\_
- θ Will they cover cervical and lumbar pillows? \_\_\_\_\_
- θ Ice packs? \_\_\_\_\_
- θ Licensed massage therapy? \_\_\_\_\_
- θ Structural supports? \_\_\_\_\_
- θ What is the deductible? \_\_\_\_\_
- θ Is that yearly? \_\_\_\_\_
- θ Per person? \_\_\_\_\_
- θ Has it been met? \_\_\_\_\_
- θ If no, how much has been paid? \_\_\_\_\_
- θ What percentage of my bills will my policy cover? \_\_\_\_\_
- θ What is the effective date of my policy? \_\_\_\_\_
- θ Can benefits be assigned to my Chiropractor's office? \_\_\_\_\_
- θ Name & address of the insurance office where the claims are sent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Phone number? \_\_\_\_\_ Policy number? \_\_\_\_\_
- θ Are there any numbers required on the claim forms? \_\_\_\_\_
- θ If yes, what are those numbers? \_\_\_\_\_
- θ Is this an individual policy or group policy? \_\_\_\_\_
- θ Name policy is under? \_\_\_\_\_
- θ Please check one that applies to your case:  
Major Medical \_\_\_\_\_ Personal Injury \_\_\_\_\_ Auto Accident \_\_\_\_\_  
Worker's Comp \_\_\_\_\_
- θ Is there an accident rider on my policy? \_\_\_\_\_
- θ Are there any pre-existing clauses? \_\_\_\_\_
- θ If yes, what are they? \_\_\_\_\_  
\_\_\_\_\_

If you have any questions or problems, please direct them to the insurance manager.

The above statements and answers are true \_\_\_\_\_  
Patient's signature