

KIRK FAMILY CHIROPRACTIC

810 Highway 17S, Unit 4
Surfside Beach, SC 29575
843-828-4664 (office)
843-828-4749 (fax)

Consent to treat agreement:

I hereby authorize Dr. Kirk to examine me, including x-rays if indicated by my exam, and to release my records to anyone I designate. I further authorize treatments deemed necessary by the findings, and wish all my chiropractic records to be held in confidence; not to be given to anyone without my written consent. I authorize payment directly to the doctor from my insurance company and I clearly understand that I am totally responsible for payment should my insurance company deny payment, or make payment directly to me. If Kirk Family Chiropractic must take any action to collect an outstanding balance on my account, I will be responsible for payment and will reimburse Kirk Family Chiropractic for all costs of such collection efforts, including but not limited to all court cost and all attorney fees.

By signing your name below, you certify the accuracy of your medical and/or accident history and further certify that you present to Dr. Kirk/Kirk Family Chiropractic Center for evaluation and treatment of a health related condition and for no other purpose.

Signature of patient, or Guardian Authorizing care

Date

Name of person responsible for payment (if different from applicant), their phone #, and their relation to you:

Missed Appointment and Cancellation Policy:

If you are unable to keep a scheduled appointment, please give 24 hours advance notice, to ensure that you will not be charged for the appointment. If less than 24 hours notice is given and we are unable to fill your time slot, you will be expected to pay for the appointment.

(Please print name and date)

(Please sign name)