

Storlie Family Chiropractic Clinic
CONSENT TO TREATMENT & FINANCIAL POLICY

CONSENT TO TREATMENT

Health care providers are required to advise patients of the nature of the treatment to be provided, the risks and benefits of the treatment and any alternatives to the treatment.

There are some risks that may be associated with chiropractic treatment. In particular, you should note that:

- I. While rare, some patients have experienced rib fractures or muscle and/or ligament sprains or strains following treatment.
- II. Rarely, cases of disc injuries following spinal adjustment(s) have been reported; however, no scientific study has ever demonstrated that any such injuries were directly caused, or may have been directly caused, by spinal or soft tissue manipulation or treatment.
- III. There have been reported cases of injury to a vertebral artery following spinal manipulation. Vertebral artery injuries can cause a stroke, sometimes resulting in serious neurological impairment, and may, on occasion, result in paralysis or death. The possibility of such an injury resulting from spinal manipulation is extremely remote.

Chiropractic treatment has been the subject of government reports and multi-disciplinary studies which have been conducted over many years, and has been demonstrated to be highly effective for spinal conditions including general pain, loss of mobility, headaches and other related symptoms. Musculoskeletal care contributes to your overall wellbeing. The risk of injuries or complications from chiropractic treatment is substantially lower than that associated with many medical or other treatments, medications and/or procedures used, prescribed or given for the same symptoms.

I understand and acknowledge the risks and benefits of chiropractic treatment as stated above. I understand that I have the right to ask questions and to be fully informed regarding any treatment I receive. I understand that I have the right to refuse treatment of any kind, for any reason, at any time. I hereby consent and authorize Troy E. Storlie, D.C., to treat my condition(s) as deemed appropriate, subject to my right of refusal as referenced above. It is my intent that this consent to treatment shall continue unless and until revoked by me.

Date: _____ Signature: _____

FINANCIAL POLICY

In order to process your claims in a timely manner, we must have your most up-to-date insurance on file. We will gladly file insurance claims for patients as a courtesy; however, we cannot file accurate claims without accurate information.

Please do not assume that a new card from the same insurer means that your coverage is the same. Coverage may have changed for any number of reasons, especially in the case of group coverage, which is often re-negotiated annually by an employer or other entity acting on behalf of the group. For this reason, it is imperative that you present us with every new insurance card that you receive, even if it looks exactly like your old one.

The fees for the treatment that you receive at Storlie Family Chiropractic Clinic are ultimately your responsibility. If your insurance claims are denied, we will make every effort to notify you as soon as possible, so that you can contact your insurer to determine the cause of the denial. If it is possible to re-file claims and get them covered (for example, by correcting the cause of the denial), then we will do so. If, however, your insurer refuses to cover your care, you will have to pay for the care yourself.

If you have a Worker's Compensation claim or a motor vehicle accident claim, we will need specific information that is different from the information related to your regular health insurance. You must notify staff at the first appointment after your injury if you will be filing either of these types of claims, and you must provide all information requested. Failure to do so may result in your personal responsibility for any or all charges incurred related to the accident or injury.

I understand and acknowledge that I must present any and all insurance cards evidencing coverage at the time my insurance becomes effective. I understand and acknowledge that I must present any and all new insurance cards I receive within thirty (30) days of receiving them. I understand and acknowledge that evidence of insurance coverage does not guarantee that my insurer will pay for my treatment, and, that if my insurer does not pay for my treatment, the cost thereof is my sole responsibility. I hereby assign any and all benefits from any insurer, worker's compensation carrier, motor vehicle insurer, court or other source out of which funds deemed appropriate to pay for my treatment to Storlie Family Chiropractic, P.C., d/b/a Storlie Family Chiropractic Clinic, a Minnesota corporation.

Date: _____ Signature: _____