

FAMILY CHIROPRACTIC AND INJURY
Christian J. Russo, D.C., P.L.L.C.

Release of Records:

I do hereby authorize Family Chiropractic and Injury, Christian J. Russo, DC to release my medical and billing records to any of its billing companies, attorneys, adjusters, etc for the purpose of getting my bill paid.

Signature

Date

Consent to Treat:

I hereby authorize Family Chiropractic and Injury, Christian J. Russo, DC and their assistants to perform medical examination, physical therapy, spinal manipulation, and/or diagnostic testing on me.

Signature

Date

Financial Agreement:

I have been advised by Family Chiropractic and Injury, Christian J. Russo, DC that my co-payment or co-insurance will be collected on each visit. I also understand that if I am not able to afford my entire co-pay or co-insurance, special arrangements may be made for me. However, it is my responsibility to notify Family Chiropractic and Injury, Christian J. Russo, DC of my situation.

Signature

Date

Assignment of Benefits:

I understand that my insurance company may not accept assignment. I understand that my insurance company will pay me directly for the services rendered to me from Family Chiropractic and Injury, Christian J. Russo, DC immediately upon receipt. I understand that it is illegal for me to cash or deposit the insurance check that I receive for services provided to me. I know that I will be given five business days to settle my account before legal proceedings begin. If my account is not settled I will also be responsible for any additional costs, such as court costs and legal fees. I understand that services provided to me today may be issued on more than one check, and I agree to forward ALL checks regarding today's treatment to Family Chiropractic and Injury, Christian J. Russo, DC. I willingly sign this agreement.

Signature

Date

Limited Power of Attorney:

I expressly authorize and give power of attorney to Family Chiropractic and Injury, Christian J. Russo, DC and their billing agents for the signing and completing of any form in the completion of my claims and endorsing and check made payable to me, in support of processing or making payment of a claim for any charges incurred by me at this office. Further, these offices acknowledge that it is only entitles to receive payment for those charges , which were incurred through this office and any over payment will be refunded appropriately and timely.

Signature

Date