

Informed Consent

Dr. Josh Walker

I hereby request and consent to the performance of Chiropractic adjustments and other chiropractic procedures, including various modalities of physical therapy and X-rays, on me (or for the patient named below who I am legally responsible) by the doctor of chiropractic named above. I understand the results are not guaranteed.

I Understand and am informed that, as in the practice of medicine, in the practice of chiropractic, there are some risks to treatment, including but not limited to fractures, disc injuries, strokes, dislocations and sprains. I do not expect the doctor to anticipate and explain all risks and complications, and I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based upon all factors known is in my best interest. I have read or had read to me the above consent. I intend for this consent form to cover the entire course of treatment for which my present condition and for any future conditions for which I seek treatment. Nutritional supplements and orthopedic devices must be paid for at time of purchase. For your convenience, we accept Visa, Master Card, American Express, personal checks and cash.

Please keep in mind that your insurance is a contract between you and your insurance carrier. We are not responsible for erroneous information given to us from you or your insurance company. If at any time your insurance carrier discontinues coverage or denies payment on your account, you will be responsible for all charges in this office.

Payment is expected at time of service. If the doctor is a contracted provider with your insurance company, our office will bill for you. Co-payments are due at the time of the appointment. If your doctor is not contracted with your insurance company or you do not have chiropractic insurance, payment is due at the time of service.

Patient Signature _____ Date _____

Witness Signature _____ Date _____