Ybor City CHIROPRACTIC

1623 East 4th Avenue
Tampa, Florida 33605
813-248-2900

Financial Agreement:

I understand and agree that my health/accident insurance policies are an arrangement between the insurance carrier and myself. Ybor City Chiropractic will do the necessary paperwork, so the insurance company will reimburse directly to the clinic for services rendered and the amount credited to my account. I understand that it is my responsibility to satisfy any deductibles, co-payments, or percentage of uncovered services that I may have and that I will be personally responsible for part or all of my charges that are not covered by my insurance company for any reason. I also understand that if I suspend or terminate my care and treatment, any fees for professional services rendered to me will be immediately due and payable.

Radiology Release:

I do hereby give permission to Ybor City Chiropractic and their state licensed radiology technician to perform the necessary radiographic testing ordered. If applicable, to the best of my knowledge, I am not pregnant.

Medical Release:

This authorization or photocopy hereof will authorize Ybor City Chiropractic to release or obtain any information such as, but not limited to records, reports, radiographic films, etc., pertinent to my case to or from my insurance company, insurance adjuster, attorney, or any other parties involved in my case. I understand that radiographic films are part of my permanent record and must be returned within thirty (30) days. I hereby release Ybor City Chiropractic from any legal liability that may arise from the release of the information requested.

Patient Name: _____ Date: _____

Patient Signature: _____

Witness Signature: _____