

Insurance Policy

Your insurance plan is a contract between YOU and YOUR insurance company or YOU and YOUR employer.

We will do our best to help you get the most out of your benefits. However, we do not decide your benefits. As a courtesy, we will try to verify your insurance benefits for your visit with us, but we cannot **guarantee** your coverage. Any remaining balance for your visit or any materials ordered will be your responsibility.

I acknowledge that I have read the above information and promise to pay for any balance my insurance company does not cover.

Release of Information

I authorize my personal medical information to be released to me at my:

- Cell# _____ OK to leave a confidential message? YES NO
- Home# _____ OK to leave a confidential message? YES NO
- Work# _____ OK to leave a confidential message? YES NO

I authorize my personal medical information to be released to:

- Name _____ Relationship: _____
OK to release information regarding materials* or pick up materials? YES NO
- Name _____ Relationship: _____
OK to release information regarding materials* or pick up materials? YES NO
- Name _____ Relationship: _____
OK to release information regarding materials* or pick up materials? YES NO
- Name _____ Relationship: _____
OK to release information regarding materials* or pick up materials? YES NO

** This includes ordering materials on behalf of the patient*

This release of information will remain in effect until terminated by the patient in writing.

| | | | |
|--------------------|---------------------|-------------------|---------------|
| _____ Signature | _____ Print Name | _____ Date | |
| _____ Initials | _____ Date | _____ Initials | _____ Date |
| _____ Initials | _____ Date | _____ Initials | _____ Date |