

INSURANCE

Patient Name: _____ D.O.B. _____

Telephone#: _____

Your treatment is not designed on what your insurance may or may not cover, but on what your body needs to obtain optimum healing. Not all cases are recognized as "usual and customary" treatment by some insurance companies, due to acuteness, chronicity, multiple problems or delay in starting care. Therefore, your insurance may not recognize your personal situation as "usual and customary." The treatment we have recommended for you is what we feel you need, not what your insurance company says you need.

Who is responsible for this account? _____

Insurance Company: _____ Insurance/Group #: _____

Subscriber's Name: _____ Date of Birth: _____

SS#: _____ Relationship to Patient: _____

If patients is under 18 years of age parent/guardian please sign for consent of treatment:

Is patient covered by additional insurance? (circle) YES NO

ASSIGNMENT AND RELEASE

I, the undersigned certify that I (or my dependent) have insurance coverage with _____ and assign directly to Dr. Phillip E. Carlyle all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize Dr. Carlyle to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Signature of Responsible Party

Relationship to Patient

Date

I, _____ understand Carlyle Chiropractic will do a complementary benefit check to determine my coverage. I have supplied all the essential information and understand that the benefit information given to Carlyle Chiropractic staff at the time of benefit check is not a guarantee of payment. Carlyle Chiropractic is in network with most major insurance companies and will be glad to file my insurance. **If payment is not received from my insurance carrier within 90 days of the service provided, the balance will be my responsibility. Any account turned over to a collection agency will incur a 35% collection fee pursuant to Georgia Statutory Law O.C.G.A. 13.1.11**

Signature

Date