

BIRMINGHAM CHIROPRACTIC CLINIC P.C.

DR. DAVID KIRSCH DR. JOEL KIRSCH DR. TIM PRATER

Welcome

The doctors and staff of Birmingham Chiropractic Clinic welcome you and want to provide you with the best possible care. We will conduct a thorough history and physical examination to decide if we can assist you. If we do not believe that your condition can be improved by chiropractic care, we will not accept you as a patient, but will refer you to another health care professional, if appropriate.

Patient Acceptance

I understand and agree that the doctors of Birmingham Chiropractic Clinic have the right to refuse my acceptance as a patient at any time before treatment begins. Taking a patient's history and performing a physical exam are not considered treatment, but are a part of the process of information gathering to help the doctor determine if he can accept me as a patient.

Signature

Date

Signature of Guardian or Spouse (If Applicable)

Social Security Number

Insurance & Payment

Health and accident insurance policies are an arrangement between the carrier and company. Occasionally it may be necessary for you to provide us with reports and forms to assist us in making collection from the insurance company. Furthermore, any amount authorized to be paid directly to Birmingham Chiropractic Clinic will be credited to your account upon receipt.

This office will process your insurance forms upon request. We will do our utmost to provide sufficient information to your carrier in order to obtain payment for your treatment. In some instances, insurance companies will deny or reduce payment despite our best efforts to demonstrate the necessity for care. In the event that full payment is not made, or if care is suspended and/or terminated for whatever reason, you must understand that you are immediately responsible to make payment(s) in full. If for some reason your account becomes delinquent, interest will be accrued to your account balance. In the event that professional collection services or attorney action is necessary, you will be held responsible for reasonable and customary charges.

Signature

Date

Signature of Guardian or Spouse (If Applicable)

Social Security Number

*Signatures denote understanding and agreement of the specifications noted above.

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