

OPTIONAL THERAPIES

Important Information:

At this clinic we offer a wide variety of services to assist in the healing process (including but not limited to: mechanical massage, mechanical traction, nutritional products and supplements, orthopedic supply). Each of these services will be billed individually to your insurance company (not including nutritional supplements, supplies, custom products which must be paid at the time of service). Some or all of these procedures may or may not be covered by your insurance company. As a courtesy to you if additional therapies including but not limited to mechanical massage, mechanical traction and hot/cold therapy are not covered by your insurance company you will not be charged for these services **unless** they are applied to your **deductible**. We must charge you by law for any and all services that are applied to your deductible with no exceptions. Please choose one of the following options and sign.

Yes, I would like to receive therapies including hot/cold therapy, mechanical traction and/or mechanical massage with the understanding that if these services are applied to my deductible I will be financially responsible.

Print Name: _____ Signature: _____ Date: _____

No, I do not wish to have additional therapies. Please limit my care to Exams, X-rays, and chiropractic adjustments.

Print Name: _____ Signature: _____ Date: _____