

Bubanic Chiropractic, Inc.
Consent to Initiate Care

At Bubanic Chiropractic, Inc. we have one simple goal. We want to help you obtain and maintain your health by rendering the highest quality care at the lowest possible fees. To help assist us in keeping cost down we ask that you read and follow our financial policy with the bullet points below. Upon your arrival our Insurance Administrator will go over the financial policy in detail.

1. As a courtesy to our patients, we have a full-time insurance department. We will file claims on a weekly basis and we will assist you with any insurance questions you have.
2. Please remember, your insurance policy is a contract between you and your insurance company. Therefore, Bubanic Chiropractic, Inc. does not guarantee nor imply that your company will pay on your behalf.
3. We ask that you keep your account current on a monthly basis. For your convenience we accept cash, check, Visa and MasterCard.
4. You will be asked to make your estimated portion such as co-insurance, co-pay, deductible, etc. at the time of service.
5. Please remember that all charges for services rendered are charged directly to you and you are personally responsible for your payment.

To initiate care at our office, there are two required visits you will be scheduled for. If you cannot attend either of these two visits, the negative impact on your care will be profound, and we cannot in good conscious initiate your care. These visits will help us determine if chiropractic care can help you. Dr. Bubanic always says "If yours is a chiropractic case I will tell you, if it is not I will tell you that too".

1. **Initial consultation and examination:** This visit will consist of a health history, chiropractic, orthopedic and neurological tests and x-rays if needed.
2. **Report of Findings:** This visit will consist of a detailed report of findings in which you and the doctor will discuss the findings of your examination. X-rays will be discussed and, if accepted into care, a care plan will be presented. We recommend that spouses and/or adult family members attend this visit with you.

Due to the time involved for these very important visits, special appointment times are made. Please make sure you schedule and arrive on time.

Print your name: _____ Today`s Date: _____

Sign your Name: _____