

Consent to Provide Treatment

I hereby consent to allow Jeffrey S. Smith, D.C. to provide medical and other care, including but not limited to examination, diagnostic procedures, and treatments. I acknowledge that I may rescind this consent at any time. Signatures of all legal guardians are required for a minor to be treated. If unable to provide other guardian's signature, please explain why.

Patient/Parent/Guardian (circle one): _____ Date: _____

Patient/Parent/Guardian (circle one): _____ Date: _____

Financial Responsibilities

I agree to pay for all services and products provided by Jeffrey S. Smith, D.C. I acknowledge that this medical practice operates on a "fee-for-service" basis and does not contract with any medical insurance company. All services/products must be paid for at the time the service or product is provided. Upon request, Jeffrey S. Smith, D.C. will provide insurance forms that can be submitted by the responsible party. This does not guarantee there will be any reimbursement. I understand that consultations may be provided either in person or by telephone, and will pay for the fees for any type of consultation, regardless of whether my insurance company will or will not reimburse me for the fees. (The office does not routinely charge for phone time with the doctor that is less than 5 minutes to discuss particular urgent or acute care or after hours problems).

If for some reason there is an outstanding balance on my account, I agree to permit Jeffrey S. Smith, D.C. to charge my credit card to clear any outstanding balance.

I have been given an opportunity to view a copy of the HIPPA privacy laws under which Jeffrey S. Smith, D.C. practices. I also have reviewed and am aware of office policies.

I acknowledge that I understand there is a firm 24-hour cancellation policy, and I will be responsible for the Doctor's fees for any cancellations or no-shows that happen within 24 hours business hours (i.e. 10am Friday for a 10am Monday appointment) if the appointment slot cannot be filled. If part of the appointment time can be filled, I will only be billed for the remaining time.

Responsible Party Signature: _____ Date: _____