

Palmetto State Chiropractic, LLC

3427 Hwy. 153 Piedmont, SC 29673
Phone (864) 220-5424 Fax (864) 220-5423

X-RAY CONSENT

I _____ (patient's name), give consent to take the following X-ray views: _____ deemed necessary from my case history and examination.

➤ **By Signing this document, I am taking full responsibility for payment of the services not paid by insurance, including x-rays I receive at Palmetto State Chiropractic, LLC.**

✱ Patient Signature: _____ Date: _____
Employee Witness: _____

FEMALES: Please continue with the section below

The last days following onset of menstrual cycle are generally considered safe for x-ray examinations

Onset of last menstrual cycle date _____	Today's Date _____
✓ (Please Check)	YES NO
I am pregnant	_____
I have had a hysterectomy	_____
I use an IUD	_____

➤ I recognize that if I am pregnant and have radiation to my abdomen, there is a possibility of injury to the fetus. Therefore, if you think there is a chance that you may be pregnant then it is up to you to inform Palmetto State Chiropractic, LLC. Therefore by signing this document you are giving Palmetto State Chiropractic, LLC permission to perform the above x-ray examinations.

✱ Patient Signature: _____ Date: _____
Employee Witness: _____

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NO INSURANCE COVERAGE FINANCIAL POLICY

It is our office's policy to collect for services as they are rendered.

Patients with no insurance coverage will be expected to pay for services on each visit unless prior arrangements are made with the office manager.

- **By signing this document, I am taking full responsibility for payment of the services I receive at Palmetto State Chiropractic, LLC.**
- Furthermore, I agree that if I (patient or guarantor) agree that if I do not abide by the financial policy stated above, my account will be turned over to your collections agency with a 45% collection fee to be collected at my expense.

Everything that I have stated in my Chiropractic Registration and History Form is correct. I understand that you will retain this Chiropractic Registration and History Form in my file.

✘ Patient Signature: _____ Date: _____

Employee Witness: _____

If you have any questions regarding our policies, please let us know.
We want to assist you in any way that we can!

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INSURANCE FINANCIAL POLICY

It is our office policy to collect for services as they are rendered. If charges for services are covered by insurance, we will submit a claim for benefits upon receipt of necessary information from you. **After insurance has been verified and deductible has been met, you can then pay your percentage or co-pay.**

Assignment, Authorization, & Policy Statement:

I hereby assign benefits to Palmetto State Chiropractic, LLC and I declare that I am eligible to receive care rendered by Palmetto State Chiropractic, LLC.

I authorize the office to release any information to any insurance company, adjuster, or attorney that will assist in the payment of claims.

- I fully understand and agree that insurance policies are a contract between an insurance company and myself - NOT between an insurance company and Palmetto State Chiropractic, LLC. Therefore I realize that I am fully responsible for any expenses not paid for by my insurance company. I also agree that should my insurance company not pay within 6 weeks of services rendered, I will pay my account in full.
- **By Signing this document, I am taking full responsibility for payment of the services I receive at Palmetto State Chiropractic, LLC**
- Furthermore, I agree that if I do not abide by the financial policies stated above, my account will be turned over to your collections agency with a 45% collection fee to be collected at my expense.

All information that I have provided Palmetto State Chiropractic, LLC including all information provided on my Chiropractic Registration and History form as well as any additional insurance information is correct. I understand that you will retain this Chiropractic Registration and History Form in my file.

* Patient Signature: _____ Date: _____

Employee Witness: _____

If you have any questions regarding our policies, please let us know.
We want to assist you in any way that we can!