

Northwoods Family Chiropractic
202 W. Adams St.
Iron River, MI 49935
906.265.9000

CONSENT TO TREAT A MINOR

I, the undersigned parent and/or guardian of _____,

SS#: _____-_____-_____, a minor child, do hereby authorize this office and its doctors to administer chiropractic care to my child, as they deem necessary, without parental supervision.

Parent or legal guardians name (please print)

Parent or legal guardian's signature

Witness's signature

Date (effective for one year, unless revoked earlier)

Agreement for Payment of Services

By signing the authorization above I affirm that I understand and agree that:

- Health and accident insurance policies are an arrangement between patients and their insurance carriers;
- This office will prepare any necessary reports and forms to assist me in making collection from the insurance company;
- Any amount that is authorized to be paid directly to this office will be credited to my account upon receipt. I permit this office to endorse insurance payments to be applied to my account;
- All services rendered to me are charged directly to me and that I am personally responsible for the payment of my account; and
- It is the policy of this chiropractic office to collect for services as they are rendered, unless other financial arrangements are made.