



INSURANCE CHANGE NOTIFICATION

By signing this form I understand it is my responsibility as the patient to notify Southwestern Chiropractic and Wellness Center that I have new insurance, a change insurance policy, or discontinuation of insurance. I also understand that if I do not provide the office with the information or the date of service, I may be responsible for the charges performed on that date.

CHIROPRACTIC INSURANCE

Please understand that your chiropractic insurance is a contract between you and the insurance company, and not between the chiropractor and the insurance company. No insurance covers all chiropractic costs. The ultimate obligation for payment for all fees rests with the patient or responsible party.

As a courtesy to our patients with chiropractic insurance, our office will file claims with your insurance carrier. It usually takes three to six weeks for benefits to be paid, and we will continue to seek settlement from your insurance company for a reasonable period of time. After 60 days, the patient or responsible party will be required to pay any account balances.

I have read, understand, and agree to this information concerning chiropractic insurance, and I accept full responsibility for my account.

Signature _____

Date _____