



2812 E Meinhold Road, Langley, WA 98260
360-331-5565 phone 360-331-7122 fax

Authorization for Care

I hereby authorize the Doctor to work with my condition through the use of adjustments to my spine, as he deems appropriate.

I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I agree that I am responsible for all expenses incurred at this office. The Doctor will not be held responsible for any pre-existing medically diagnosed conditions nor for any medical diagnosis. I also understand that if I suspend or terminate my care, any fees for professional services rendered me will become immediately due and payable. I hereby authorize you, The Chiropractic Zone, to release information as necessary to process claims on my behalf and to assign my insurance rights and benefits (if applicable) directly to the provider for services rendered.

Patient Name (Please print):

Patient Signature

Date