



Insurance Disclaimer

I understand that Triad Pro Health Chiropractic *may or **may not*** be an in-network provider for my insurance plan. Triad Pro Health Chiropractic will seek to verify my specific benefits as quickly as possible and advise me of such. Furthermore, I understand that this office will prepare any necessary reports and forms to ensure an efficient collections process from my insurance company, and the authorized amount will be paid directly to Triad Pro Health Chiropractic and credited to my account upon receipt. However, I clearly understand and agree that I am **personally and immediately** responsible for payment if/when my insurance company denies payment for any previously provided services.

Patient Name (Printed)

Signature

Date

Parent/Guardian Name (Printed)

Signature

Date