

Runnels Chiropractic, L.L.C.

Authorization and Release

I authorize payment of insurance benefits directly to Dr. Steven K. Runnels or Runnels Chiropractic, LLC. I authorize Runnels Chiropractic, LLC to release any information pertinent to my case to any insurance company, adjusters, and/or attorney involved in the case, I hereby release Runnels Chiropractic, LLC of any consequence thereof. I agree to be financially responsible for all charges incurred at Runnels Chiropractic, LLC including my insurance deductible, co-payment, and any other services rejected by my insurance company. Any account unpaid after 30 days of the date of service shall bear interest at the rate of 16% per month. Should it become necessary to resort to collections, the patient shall be responsible for all costs of collections including a reasonable attorney's fee.

Insurance: Yes ___ No ___ Company: _____

Patient's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

Clinical Summary Report (CCR)

I understand that a clinical summary report is created after each visit for the purpose of EHR and is available for my review. At this time, I am asking Runnels Chiropractic to save these electronically for me and not print them out after each visit. I understand that, upon request, these reports are available to be printed or emailed to me for review.

Patient's Signature: _____ Date: _____