# TERMS OF ACCEPTANCE

In order to accept you as a patient of our office, we require that you read and agree with the following conditions:

1) This office provides chiropractic care only for the location, analysis and correction of vertebral subluxation. Vertebral subluxation is a condition in which one or more bones of your spine are out of their proper place. This causes interference to the optimal function of your spinal cord and nerves. Since the spinal cord and nerves are part of the master control system of your body, any interference with their function causes your body to be compromised. When your body is compromised, you lose your ability to heal properly and stay well. Correction of vertebral subluxation through the chiropractic adjustment restores your spinal bones to a more proper place. Once the spinal bones are returned to a more normal place, the interference that had affected the spinal cord and nerves is removed and your body is given the opportunity to express health to a fuller level.

   Chiropractic is not the practice of medicine and it is not intended to be a substitute for any medical care that you may be receiving now or may choose to receive in the future. If you feel that you need medical advice, we suggest that you consult your medical doctor. Chiropractic techniques and methods are not taught in medical school and your medical doctor is not a chiropractor. Some medical doctors do practice spinal manipulation and although it may seem the same as a chiropractic, it is in fact very different. Expert chiropractic care and chiropractic advice can only be provided by a chiropractor. If during the course of your care we encounter non-chiropractic or unusual findings, we will advise you of those findings and recommend that you seek the services of another health care provider.

   **_____ By initialing here and signing this form below, you understand and agree that you will be provided with chiropractic care as described above.**

2) In order to keep our fees reasonable, we are unable to complete any insurance or employment paperwork (including disability forms) or to respond to insurance company requests for information. Private health insurance and most health reimbursement plans generally cover care that is provided as a treatment for sickness or disease. Since the care in this office is provided to allow your body to express health more fully and not as a treatment for any sickness or disease, it is not usually covered under insurance. As a courtesy and upon request, we can offer a basic receipt for services that include some codes for Lifeline's procedures. We will not be responsible for providing any additional information nor codes beyond what is on this receipt and, again, will have no correspondence regarding any potential reimbursement. If you are covered by Medicare, please speak with our office staff and Dr. Lisa concerning Medicare and chiropractic maintenance care.

   **_____ By initialing here and signing this form below, you understand and agree that neither Dr. Lisa Brown nor Lifeline Chiropractic will be responsible for providing further assistance in service reimbursement.**

3) We do not accept for care any patient who: seeks treatment related to recent injuries or damages from being involved in an automobile accident/ slip and fall injuries/ work-related injuries. We also do not accept for care anyone who is involved in an active insurance claim for said injuries, is involved or will be involved in a lawsuit related to an automobile accident or other trauma, worker's compensation care or any other legal matter which might require our office to complete reports, legal reports, insurance claims, requires correspondence with insurance companies or attorneys nor to testify in court. Our office also is unable to complete disability evaluations, FMLA paperwork and impairment ratings.

   **_____ By initialing here and signing this form below, you affirm that you are not seeking chiropractic care related to any of the above situations and that you will inform this office if your situation changes so that we can refer you to another chiropractor that deals with such cases.**

**I have read and fully understand and accept the terms listed above.**

_____ _____

Signature Date Witness Date