



Welcome to our office, the doctor's and staff of OptiLife Chiropractic welcome you and want to provide you with the best possible health care. During your first visit, the doctor will conduct a thorough history and physical examination to decide if he can assist you. If the doctor does not believe that your condition will respond to chiropractic care, he will refer you to another healthcare provider, if appropriate.

Consent, Filing Insurance, Direct Payment Authorization, Assignment of Benefits, Release of Information, & Guarantee of Payment Form.

1. **CONSENT FOR DIAGNOSTIC PROCEDURES:** I understand that the doctors of OptiLife Chiropractic LLC have the right to refuse to accept me as a patient at any time before treatment begins. The taking of a history and the conducting of a physical examination are not considered treatment, but are part of the process of information gathering so the doctor can determine whether to accept me as a patient. I voluntarily consent to the rendering of diagnostic procedures for myself (or minor child for whom I declare I am the parent or legal guardian of. I declare that I am not pregnant, nor is pregnancy suspected. My signature below verifies my full understanding of this consent.
2. **FILING INSURANCE CLAIMS:** As a courtesy and at my request for OptiLife Chiropractic LLC to accept delayed payment for my care, OptiLife Chiropractic LLC will submit insurance claims form for payment of my medical benefits. I authorize OptiLife Chiropractic LLC to submit claims for each service rendered and charge the usual, reasonable and customary charges in this area for each service.
3. **RELEASE OF INFORMATION:** I authorize, OptiLife Chiropractic LLC to release any information pertinent to my case to any insurance company to facilitate collection under this authorization and assignment. I hereby release you of any consequences thereof. I authorize you to communicate with other doctors as it pertains to my diagnoses or treatment. I also authorize any holder of medical/chiropractic information about me to release the health care financing administrators or insurance adjustor agents any information needed to determine these benefits for related services.
4. **ASSIGNMENT OF BENEFITS:** This is a direct assignment of benefits and rights under this policy. This assignment includes my right to file any and all legal claims against my insurance company if it fails to make timely, reasonable or proper payments to OptiLife Chiropractic LLC. A photocopy of this assignment is to be considered as effective and as valid as the original.
5. **DIRECTION TO PAY:** I direct any and all insurance companies from whom I am eligible to receive payment for medical benefits & insurance benefits to PAY DIRECTLY to hereafter called OptiLife Chiropractic LLC the medical expense benefits allowable and otherwise payable to me under the terms of any respective insurance policies. If my policy prohibits direct payment to the provider, then I hereby also instruct and direct you to make checks payable to OptiLife Chiropractic LLC and mail the payment to OptiLife Chiropractic in care of Dr. Danielle Hoeffner to 8333 Gunn Hwy. Tampa FL, 33626. I also give power of attorney to endorse/sign my name on any payment received in my name for services rendered, and owing to OptiLife Chiropractic, LLC.
6. **NOTIFICATION OF CHANGES:** I will notify OptiLife Chiropractic, LLC of any changes in my health status, home and work information, insurance benefits, or anything else relating to the information on this intake sheet.
7. **CONSENT FOR TREATMENT & GUARANTEE OF PAYMENT:** If the doctor recommends chiropractic treatment & I choose to receive care, I understand that the doctor will discuss all future charges prior to doing anything. I also understand and agree that I am personally responsible for any services rendered with OptiLife Chiropractic LLC and promise to pay regardless of my health insurance benefits. I understand that insurance is never a guarantee of benefits. I understand if my account at OptiLife Chiropractic LLC is past 60 days overdue, it may be subject to 1.5% per month (18% per year) finance charge. If the default amount is referred to a collection agency and/or for legal action, I agree to pay for reasonable court costs of collection.

My signature below verifies I have read and understand the above condition of acceptance as a patient and or guardian at OptiLife Chiropractic LLC and I agree to these conditions.

Print Patient Name

Signature of Patient or Guardian

Date