

VILLAGE FAMILY CHIROPRACTIC, LLC
58 MAIN STREET, ROUTE 131
STURBRIDGE, MA 01566
508-347-2266

INSURANCE COVERAGE DISCLAIMER

PATIENT NAME: _____

ADDRESS: _____

INSURANCE COMPANY NAME: _____

INSURANCE ID NUMBER: _____

I HAVE BEEN INFORMED OF THE FOLLOWING:

THIS OFFICE CALLS TO VERIFY COVERAGE WITH INSURANCE COMPANIES AS A SERVICE TO THEIR PATIENTS.

THIS DOES NOT GUARANTEE THE ACCURACY OF THAT INFORMATION NOR DOES IT CONSTITUTE PAYMENT OF SERVICES FROM THE INSURANCE COMPANY.

IT IS UNDERSTOOD THAT MY INSURANCE COMPANY IS A CONTRACT BETWEEN MYSELF AND THE INSURANCE COMPANY AND NOT WITH THE DOCTOR.

IT IS UNDERSTOOD THAT THIS OFFICE WILL DO ITS UTMOST ON MY BEHALF TO RECEIVE PAYMENT FROM THE INSURANCE COMPANY BUT THAT ULTIMATELY I AM RESPONSIBLE FOR SERVICES RENDERED OR PRODUCTS RECEIVED IN THE EVENT THAT THE INSURANCE COMPANY DOES NOT PAY FOR THESE SERVICES.

SIGNED: _____ **DATE:** _____

WITNESS: _____ **DATE:** _____