

AGREEMENT FOR PAYMENT

Payment is due at the time service is rendered. I understand that I am personally responsible for payment of all services rendered me or my child. If you have insurance, Bay Pointe Chiropractic will prepare the necessary forms to assist in making collection from your insurance company. Any and all payments will be credited to your account. Deductibles and Co-pays are due at the time of service. Payment not received within 30 day from the date of service charged to the credit/debit card on file. A \$15.00 service will be assessed if we must submit a duplicate bill to you after 30 days. I authorize a debit on my credit/debit card on the day this office receives your insurance companies E.O.B. (explanation of benefits), or if payment is not made at the time of service. If your account is not paid in full within 90 days it will be placed in collections for breach of this agreement, I the undersigned, will be responsible for any and all costs or fees incurred, including a \$60.00 collection preparation fee and interest of 7% annually for services provided me. With any returned check, or declined credit or debit transaction, a \$25.00 non sufficient funds (NSF) fee will be charged to my account.

ASSIGNMENT OF INSURANCE BENEFITS AND ATTORNEY'S LIEN

I understand and agree that health and accident insurance policies are an agreement between the insurance company and me. I direct my insurance/health care benefit company, to pay Mark A. Kendall, D.C., P.C., d/b/a Bay Pointe Chiropractic, a legally qualified doctor, upon receipt of his itemized statement for services rendered out of indemnity due me under the terms of my policy listed above issued by your company. This policy was in full force and in effect at the time these services were rendered. Payment of this amount is herein directed, by whole or in part, shall be the same as if paid to me. I hereby direct the above listed insurance company to pay by check made out and mailed directly to: Bay Pointe Chiropractic, 1203 N. Commerce Rd., Commerce, MI 48382. If my current policy prohibits direct payment to the doctor, then I hereby instruct and direct my insurance company to make out the check to me and mail it as follows: c/o 1203 Commerce Rd., Commerce, MI 48382. A photocopy of this assignment shall be considered as effective and valid as the original. I authorize and direct my attorney to place a lien on any and all insurance benefits/health care benefits named herein, any and all proceeds of any settlement, judgment or verdict which may be paid to me as a result of the injuries or illness for which I have been treated by said doctor, to be paid to Mark A. Kendall, D.C., before proceeds are disbursed to myself or any other individual, attorney or company.

H.I.P.P.A. PRIVACY POLICY AND CONSENT

I understand I have a right to review Bay Pointe Chiropractic's Notice of Privacy Practices prior to signing this I acknowledge that Bay Pointe Chiropractic's "Notice of Privacy Practices" will be provided to me upon my request. Bay Pointe Chiropractic's Notice of Privacy Practices has been made available to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of Bay Pointe Chiropractic. The Notice of Privacy Practices for Bay Pointe Chiropractic's is also provided on request at the main administration desk of this practice and on Bay Pointe Chiropractic's website at www.BPChiro.com This Notice of Privacy Practices also describes my rights and Bay Pointe Chiropractic's duties with respect to my protected health information. Bay Pointe Chiropractic's reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by accessing Bay Pointe Chiropractic's website, calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

INFORMED CONSENT

CHIROPRACTIC health care seeks to restore health through natural means without the use of medicine or surgery. This gives the body maximum opportunity to utilize its inherent recuperative powers. The success of Dr. Kendall's procedure often depends on environment, underlying causes and spinal conditions. It is important to understand what to expect from chiropractic health services.

ANALYSIS: Dr. Kendall conducts a clinical analysis for the express purpose of determining whether there is evidence of Vertebral Subluxation Complex (VCS). When such Vertebral Subluxation Complexes are found, chiropractic adjustments and ancillary procedures may be given in an attempt to restore spinal integrity. It is the chiropractic premise that spinal alignment allows nerve transmission throughout the body and gives the body an opportunity to use its inherent recuperative powers. Due to the complexities of nature, no doctor can promise you specific results. This depends upon the inherent recuperative powers of the body.

DIAGNOSIS: Although Dr. Kendall is an expert in chiropractic diagnosis of the Vertebral Subluxation Syndrome and Complex, he is not an internal medical specialist. Every chiropractic patient should be mindful of his/her symptoms and should secure other opinions if he/she has any concern as to the nature of his/her condition. Dr. Kendall may express an opinion as to whether or not you should take this step, but you are responsible for the final decision.

INFORMED CONSENT FOR CHIROPRACTIC CARE: A patient, in coming to Dr. Kendall, gives permission and authority to care for the patient in accordance with the chiropractic test, diagnosis and analysis. The chiropractic adjustment or other clinical procedures are usually beneficial and seldom cause any problems. In rare cases, underlying physical defects, deformities or pathologies may render the patient susceptible to injury. Dr. Kendall, of course will not give a chiropractic adjustment, or health care if he is aware that such care may be contraindicated. Again, it is the responsibility of the patient to make known or to learn through health care procedures whatever he/she is suffering from: latent pathological defects, illness or deformity which would otherwise not come to the attention of Dr. Kendall. The patient should look to the correct specialized, non-duplicating health service. Dr Kendall is licensed and holds special training as a spinal disability evaluator and is available to work with other types of providers in your health care regime.

RESULTS: The purpose of chiropractic treatment is to promote natural healing through the reduction of Vertebral Subluxation Complex. Since there are so many variables, it is difficult to predict the time schedule of efficacy of the chiropractic procedure. Sometimes response is phenomenal. In most cases there is a more gradual, but quite satisfactory response. Occasionally, the results are less than expected. Two or more similar conditions may respond differently to the same chiropractic care. Many medical failures find quick relief through chiropractic. In turn, conditions, which do not respond to chiropractic care, may come under control or be helped through drugs or surgery. The fact is that the science of chiropractic and medicine may never be so exact as to provide definite answers to all problems. Both have made great strides in alleviating pain and controlling disease.

I have read, and understand the foregoing.

SIGNATURE: _____ DATE: _____

NAME OF PATIENT OR PERSONAL REPRESENTATIVE

DESCRIPTION OF PERSONAL REPRESENTATIVE'S AUTHORITY