

ADVANCED SPINAL FITNESS  
33481 Eight Mile Road · Livonia, MI 48152  
(248) 615-1533

I understand and agree that health and accident insurance policies are an arrangement between the insurance carrier and myself. Furthermore, I understand that the Doctor's Office will prepare any necessary reports and forms to assist me in making collection from the insurance company and that any amount authorized to be paid directly to the doctor's office will be credited on my account receipt. However, I clearly understand and agree that all fees for professional services rendered me will be immediately due and payable.

I hereby authorize the doctor to discuss my case with me and perform necessary examinations/tests. It is understood and agreed the amount paid the Doctor for x-rays is for, the actual taking of, examination of and interpretation of, the X-rays. The X-ray negatives will remain property of this office, being on file where they may be seen at any time while a patient of this office. The patient also agrees that he/she is responsible for all bills incurred in this office.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Consent to Treat a Minor \_\_\_\_\_ Date \_\_\_\_\_  
Guardian or Spouse's  
Signature Authorizing Care \_\_\_\_\_ Date \_\_\_\_\_