

The following is Dr. DiPaolo's office policy. Please read carefully and be sure to ask any questions you might have before signing this legal document.

Consent for Exam and Treatment: I, the undersigned, give Dr. David M. DiPaolo my permission to evaluate, examine, and treat my body for injury, trauma, acute or chronic pain, discomfort, or soreness. I understand that in the course of the recommended treatment, conditions may worsen on rare occasions. I further understand that no guarantee or promise has been made to me concerning the results of the treatment, and that I am only paying Dr. DiPaolo for his time, knowledge, expertise, advice, and effort.

Payment and Health Insurance Information: Charges for healthcare services are due and payable at the time services are rendered. You may pay by cash, check, Mastercard, or Visa. You will be given a paid-in-full, coded insurance receipt. You are responsible for submitting this receipt to your insurance company. Simply attach this itemized bill to your regular insurance claim form for the purpose of insurance reimbursement. Dr. DiPaolo does not do insurance paper work. You will be expected to pay for appointments not canceled 24 hours in advance.

Terms of Acceptance: Dr. DiPaolo does not engage in the practice of medicine, medical diagnosis or the treatment of diseases. Dr. DiPaolo's goal is to examine the patient's spine and posture and, should a biomechanical fixation, dysfunctional misalignment, or a vertebral subluxation be detected, correction with approved chiropractic procedures will be administered to the best of his ability. Dr. DiPaolo's treatments are not meant to be a panacea for any or all diseases. Dr. DiPaolo offers no cure for diseases, nor does he treat them.

Person Responsible for Payment: _____

Patient/Parent/Legal Guardian Signature _____ Date: _____



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