

Chestnut Hill Chiropractic and Rehabilitation

180 Wells Avenue, Suite 302A, Newton, MA 02459

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Dr. Robert Gensler

Statements

Acknowledgement of Privacy Practices

I am aware that Chestnut Hill Chiropractic & Rehabilitation has specific privacy practices to ensure the proper use and handling of my personal medical information. I understand that I have access to my own copy of the "Notice of Privacy Practices" at the front desk upon request.

Authorization to Release Medical Information

I hereby authorize the release of medical information pertinent to my case to the insurance company, or to an attorney involved in my case. I further authorize the release of my medical records and reports TO Chestnut Hill Chiropractic and Rehabilitation.

Assignment of Benefits

I hereby authorize insurance company reimbursements to be paid directly to Chestnut Hill Chiropractic & Rehabilitation at 180 Wells Avenue, Suite 302A, Newton, MA 02459

Financial Responsibility

I understand that I am fully responsible to Chestnut Hill Chiropractic & Rehabilitation for all charges that I incur at this practice. I understand, and agree, that health and accident insurance policies are an agreement between an insurance carrier and myself.

Patient Name: _____

Patient Signature: _____

Date: _____