

***JANUARY CHIROPRACTIC & ACUPUNCTURE***

**15007 Bristol Park Blvd**

**Oklahoma City, OK 73013**

**Phone (405) 749-8000**

**Fax (405) 749-8007**

**Non-Covered Services Statement**

Drs. Brandon & Megan January and staff want to provide you with the best care possible. There are services that are necessary for the treatment of your condition and maintenance of good health that may not be covered by your health benefits contract. In that case, you will be expected to pay for these services. You will be provided with only the services that are necessary for your treatment and care. Thank you for your understanding.

**Acknowledgement of Receipt of Notice**

I hereby acknowledge that I have seen and have access to a copy of the Notice of Privacy Practices (HIPPA).

**Consent of Professional Service & Release of Information**

I hereby authorize and release the doctor and whomever he/she may designate as his/her assistants to administer treatment, physical examination, X-rays studies, laboratory procedures, chiropractic care, or any clinic services that he/she deems necessary in my case; I further authorize him to disclose all or any part of my record to any person or corporation which is or may be liable under contract to the clinic or to the patient or to a family member or employer of the patient, including, and not limited to, hospital or medical service companies, insurance companies, workers compensation carriers, welfare funds or the patient employer.

**Sign:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Office Use Only:**

- Signed form received by: \_\_\_\_\_
- Acknowledgment of refusal: \_\_\_\_\_
- Reason for refusal: \_\_\_\_\_