

Dear Practice Member,



Thank you for choosing Windmill Chiropractic Wellness Center.

We appreciate your trust and confidence in us.

Our **Goal** is "To help you to transform your QUALITY OF LIFE"!

Our **Mission** is "To Help as Many People in our Lifetimes, as we can – especially Children!"

We are very serious about your health and the health of your family. Having nerve interference greatly decreases your body's health potential and lowers your quality of life. We are asking you to be as dedicated as we are in allowing chiropractic to be a major part of your journey to optimum health.

Our website www.WindmillChiropractic.com is a wealth of information, insight and research. We invite all of our patients and anyone considering chiropractic to visit the site. In fact, **the first step in beginning your care is to watch Dr. G's quick "Health Mastery Video" by clicking the "New Patient Offer" from the home page.** This video highlights precisely what chiropractic is, why it is different and why it could be the answer to your health concerns. Dr. G shares with you how to find your health, how to keep it once you have found it and how to actively progress toward true Wellness. Another helpful aspect of our site is the *Upper Cervical Chiropractic Research* tab. We wish to be the source of all things Health & Wellness for you!

We are a non-par provider with all private and commercial insurance companies. We encourage you to contact your carrier to familiarize yourself with your reimbursement as outlined by your plan. To help, we have summarized the necessary questions for you to pose to your insurance company when calling about your coverage. Once you have had your questions answered by your insurance company, please provide us with your member information and let us copy your card, so we can submit your claims, if you wish us to do so. We do not accept payment or reimbursement from insurance companies; your plan should reimburse you directly.

God has blessed us with Chiropractic and the Upper Cervical Technique. It is our privilege to share this with you. Please relax and enjoy as you learn how chiropractic can change your life.

With my heartfelt thanks and God's blessings upon you,

Tom Gargiula, D.C. (Dr. G) – Director of Windmill Chiropractic Wellness Center

Investment In Your Health:

New Patient Exam **\$195** (Consultation & Evaluation, Spinal Nerve Scans, any spinal xrays needed, follow-up report, 1st Adjustment)

Chiropractic Adjustment **\$75**

Payment in full is expected at the time of service.

I have read and understand the above office policy for Windmill Chiropractic Wellness Center.

Signature: _____

Date: _____

WINDMILL CHIROPRACTIC WELLNESS CENTER

This Document Constitutes Informed Consent for Chiropractic Care

When a patient seeks Chiropractic and we accept a patient for such care, it is essential for both to be working towards the same objective.

Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion.

A Vertebral subluxation is the misalignment of spinal bones causing interference to the mental impulses traveling over the nerve pathways. The objective of Chiropractic is to analyze the spine and locate and correct these vertebral subluxations.

The Chiropractic method of correction is by specific adjustments of the spine. These adjustments are intended to correct vertebral subluxation, thereby allowing the innate healing abilities of the body to work at maximum efficiency.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal examination, we encounter unusual or non-chiropractic findings, we will advise you. If you desire advice, diagnosis or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. OUR ONLY PRACTICE OBJECTIVE, is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.

I hereby authorize the taking of x-ray films. I further agree that the above mentioned doctor shall be the sole owner and controller of these x-rays.

I have read and fully understand the above statement. All questions regarding the doctor's objective pertaining to my care in this office have been answered to my complete satisfaction. I therefore accept chiropractic care on this basis.

(signature)

(date)

CONSENT TO EVALUATE AND ADJUST A MINOR CHILD

I _____ being the parent or legal guardian of _____ have read and fully understand the above terms of acceptance and hereby grant permission for my child to receive chiropractic care.

(signature)

(date)

PREGNANCY RELEASE

This is to certify that to the best of my knowledge I am not pregnant and the above doctor and his associates have my permission to perform a x-ray evaluation. I have been advised that x-ray can be hazardous to an unborn child.

Date of last menstrual period _____

Signed _____