

Michael Eekhoff, B.A., D.C.

All Ways
Chiropractic 

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Consent for Chiropractic Treatment of a Minor Child

I _____, the Mother Father Legal Guardian

of _____, do hereby consent to the rendering of care, including diagnostic procedures, x-rays and treatment given by Michael Eekhoff D.C. I also consent to the treatment of massage therapy by our massage therapist if Dr. Michael Eekhoff deems massage therapy to be medically necessary.

The Nature of Chiropractic Treatment:

The Doctor will use his/her hands or a mechanical device to move your joints. You may feel a “click” or “pop”, such as the noise when a knuckle is “cracked”. You may also feel movement of the joint. Various ancillary procedures such as ice and heat therapy, electric muscle stimulation, therapeutic exercise and decompression therapy may also be used.

Possible Risks:

As with any health care procedure, complications are possible following a chiropractic manipulation. Complications could include but are not limited to fractures, muscular strain, ligamentous sprain, dislocations of joints, or injury to intervertebral discs, nerves or spinal cord. Cerebrovascular injury or stroke could occur upon severe injury to the arteries of the neck. A minority of patients may notice stiffness or soreness after the first few days of treatment. The ancillary procedures could produce skin irritation, burns or minor complications.

Probability of Risks Occurring:

The risks of complications due to chiropractic treatment have been described as “rare”, about as often as complications that are seen from the taking of a single aspirin tablet. The risk of cerebrovascular injury or stroke has been estimated at one in one million to one in twenty million and can be even further reduced by screening procedures. The probability of adverse reaction due to ancillary procedures is also considered “rare”.

Other treatment options which could be considered may include the following:

- *Over the counter analgesics.* The risks of these medications include irritation to stomach, liver and kidneys and other side effects in a significant number of cases.
- *Medical Care,* typically anti-inflammatory drugs, tranquilizers and analgesics. Risks of these drugs include a multitude of undesirable side effects and patient dependence in a significance number of cases.
- *Hospitalization* in conjunction with medical care adds risk of exposure to virulent communicable disease in a significant number of cases.
- *Surgery* in conjunction with medical care adds the risk of adverse reaction to anesthesia, as well an extended convalescent period in a significant number of cases.

Risks of Remaining Untreated:

Delay of treatment allows formation of adhesions, scar tissue and other degenerative changes. These changes can further reduce skeletal mobility, and induce chronic pain cycles. It is quite probable that delay of treatment will complicate the condition and, make future rehabilitation more difficult.

I acknowledge that I am responsible for any/all charges in connection with care and treatment rendered.

Michael Eekhoff, B.A., D.C.

Parent/Legal Guardian Signature

Date

Authorized All Ways Chiropractic Employee Signature

Date

Office Policy

Our goal is to provide exceptional service and ensure that all questions are answered so there is no confusion when it comes to your care at our office. Our office policy allows us to convey how our office runs with a good flow of communication and allows us to meet our goals of exceptional service. Please read our Office Policy carefully and if you have any questions please do not hesitate to ask any member of our staff.

- 1) We bill your insurance plan as a courtesy to you. We also provide the required documentation to go along with that billing. However, we are NOT participating with ALL insurance companies so it is your responsibility to note any coverage differences when we are out of network.
- 2) We make every attempt to accurately verify your insurance coverage and to accurately estimate any out of pocket expenses you may have, however it is ultimately your responsibility to understand your benefit plan. It is your responsibility to know if a referral or authorization is required, what services are covered and not covered and any out of pocket expenses you have under your policy benefits.
- 3) You are ultimately responsible for your care and agree to accept full responsibility for all services rendered whether they are a covered service or a non-covered service.
- 4) According to your health insurance and your policy benefits you may be responsible for deductible, co-pays and/or co-insurance. Those fees are due to All Ways Chiropractic and will be collected based upon your health insurance policy.
- 5) If you do not have health insurance, we will extend to you our Time of Service (TOS) rates. TOS rates are to be paid at the TOS, no exceptions, and will be granted to you in the event you do not have health insurance, maxed out your Chiropractic benefits or are doing maintenance care. Our fees for service are the same across the board yet we are able to extend a discount on those fees due to the elimination of ALL billing. Our office saves on clerical costs and we extend that savings to you. To be eligible for our TOS rates you must pay for your care at the TOS. We do not send bills. If we are forced to send a bill then the TOS rate will be reversed to our actual cost.
- 6) Patient statements are sent monthly and should arrive to you mid-month.
- 7) We reserve the right to turn over any unpaid balances to a collection agency.
- 8) A fee of \$25.00 will be assessed on any returned checks.
- 9) We require 24-hour notice when cancelling a massage. If 24-hour notice is not given then a NO SHOW fee will be added to your account in the amount of \$45.00 for the first offense and \$65.00 for each time thereafter. Any NO SHOW fees incurred are your responsibility. Whether you are on an injury claim or we are billing your health insurance. A NO SHOW fee is NOT covered by any insurance. After too many offences of not giving us proper notice, All Ways Chiropractic reserves the right to not pre-schedule any massages and put you on a call-in only list. We reserve this right to do so because each massage is an hour-long appointment and if you cannot make the time scheduled for you then someone else might be able to utilize that time.
- 10) Anytime you are sent a new insurance card our office requires a copy of that card. Sometimes a plan will change and without an update from you the bills for your care can be sent to the wrong insurance company and/or sent with the wrong ID number.

Patient Name: _____ Date: _____

Patient Signature _____

Employee Initials _____