# Every Spine Chiropractic

Dr. Jeremy Ungerank
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**Terms of Acceptance:**

My signature below affirms that I understand that it is neither the goal, nor the intention, of Every Spine Chiropractic to provide the treatment or cure for any physical, mental or emotional ailment, or to diagnose or give advice about any ailment. Chiropractic is not a substitute for medical treatment of any kind, in any way, for any reason. Also, no statement of the chiropractor is intended as a medical diagnosis and should not be confused as such. Chiropractic is not intended to be a treatment of the symptoms of a medical condition or to treat the cause or causes of a medical condition.

The only goal and intention of Every Spine Chiropractic is to restore and maintain the integrity of the spinal cord and its nerve roots. Misalignments of the vertebrae, which interfere with the function of these nerve pathways, called subluxations, will prevent organs, glands, tissues and for that matter the entire body from functioning properly.

Occasionally, after a chiropractic adjustment you may experience sore muscles or an increase in symptoms. If this occurs, we want to know about it, please keep us informed about all changes, good or bad.

**Release of Records:**

I authorize Every Spine Chiropractic to release my records and information when requested. The records may include the following: Information form, Office Policy Form, Lien Form, Assignment form, and any other Records, X-Rays, Reports, Labs, and Diagnosis or Treatment Plan.

**Agreement to Pay for Care**

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Every Spine Chiropractic will bill my insurance company for me and assist me in making collections from the insurance company; any amount paid directly to Every Spine Chiropractic will be credited to my account. I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment.

**Authorized Care:**

I undertake chiropractic care at Every Spine Chiropractic with the understanding of, and agreement with, the above explanation. Additionally, I hereby authorize Dr. Jeremy Ungerank to provide Chiropractic to me or to my children.

Print Name: _____

Signed: _____ Date: _____

Under 18 Parent/Guardian: _____ Date: _____