Dr. Safina Hussain-Rahimi, D.C.
Healthy Movements Chiropractic
550 S. Watters Road, Suite 112
Allen, TX 75013
Phone: 972-632-9173
www.healthymovementschiropractic.com

Agreements and Authorization

Consent to Health Care Services/Release of Health Care Information

You, (the undersigned Patient, or undersigned person responsible for consenting on Patient's behalf) hereby request and consent to Patient health care services from Healthy Movements Chiropractic. The Patient's health care services will be provided by a licensed, treating physician. Health care services will also be provided by non-physician health care professionals employed, under contract, or otherwise retained by Healthy Movement Chiropractic. Medical, nursing, and other health care personnel who are in training may also participate in the Patient's care as part of their education.

_____
Initial

Payment Guarantee

In consideration of the services provided by Healthy Movements Chiropractic, Provider to Patient, you agree to:

1) Guarantee payment of all charges incurred by Patient in connection with such services ("Patient Charges");
2) Irrevocably assign and transfer to Healthy Movements Chiropractic, all right, title and interest to medical reimbursement benefits to which Patient is entitled for the purpose of payment of Patient Charges;
3) Authorize payment of such benefits directly to Healthy Movements Chiropractic. You also agree to be fully responsible for the payment of any and all Patient Charges to the extent that these charges are not satisfied by the assigned benefits. If you have insurance, insurance companies will only pay what is covered in each individual's insurance policy. If your insurance policy does not cover services rendered from this office, then you are responsible for the non-covered services at the time they were rendered.

_____
Initial

Medicare

You certify that any information given by you as the Patient or Patient Representative in applying for payment under Title XVIII (18) of the Social Security Act is correct. You authorize any holder of medical or other information about Patient to release to the Social Security Administration or its intermediaries or carries any information needed for this or related medical claim. You authorize payment or authorize benefits to Healthy Movements Chiropractic.

_____
Initial

Dr. Safina Hussain-Rahimi, D.C.
Healthy Movements Chiropractic
550 S. Watters Road, Suite 112
Allen, TX 75013
Phone: 972-632-9173
www.healthymovementschiropractic.com

Consent to Release of Information

You authorize Healthy Movements Chiropractic to release to employer groups, government agencies, insurance companies, or other third-party payers and their agents, and its collection representatives and attorneys, the following "Patient Information": medical history, diagnoses and procedures performed, course of treatment, plan of care, prognosis, supplies and/or such other information that may be requested for the purpose of determining eligibility and availability of Patient's benefits, obtaining authorization/payment for Patient's health care services, or billing and collection of amounts due to services rendered by Healthy Movements Chiropractic. In the case of Patient Information released for purposes of payment of Patient Charges, this authorization shall be valid only for the period of time necessary to process payment claims. You agree to pay any Patient Charges that are denied or are ineligible for medical reimbursement benefits as a result of your refusal or revocation of consent to disclose Patient Information.

You further authorize any individual health care professional, including treating physician(s), to provide Healthy Movements Chiropractic or its designee with Patient Information for quality assurance and, or risk management purposes. Finally, in the event that the Patient's employer, or an insurance company representing such employer, request Patient Information relating to healthcare services provided by worker's compensation injuries, it is understood and agreed that Healthy Movements Chiropractic is required, under Texas law, to release copies of such information to such employer or insurance company without the authorization of Patient or Patient's representative.

_____
Initial

You accept sole responsibility for all Patient property, except for property expressed accepted by Healthy Movements Chiropractic for safekeeping under its sole care and custody.

_____ _____
Patient Signature/ Guardian or Patient Representative **Date**