

WELCOME TO THE SWEAT INSTITUTE FOR ATLAS ORTHOGONAL  
CHIROPRACTIC!!!

We would like to welcome you to our office and want to make your visits pleasant and successful...if you have any questions regarding your treatments, financial arrangements, our new patient appointment scheduling and our first come first serve policy, please just ask. We are here to help!

There are several methods of payments available. Please check the method that will apply to you.

INSURANCE-I am responsible for my payment charges. I am covered by insurance and the Sweat Institute will be happy to file my insurance for reimbursement to me. The Sweat Institute will determine if they are in my Insurance network.

AUTO ACCIDENT, WORKER'S COMPENSATION OR SLIP & FALL-(other party responsible) This usually covers your medical bills at nearly 100%. Please supply the front desk with the complete mailing address of the party responsible. For auto cases, please be aware that should your medical payment benefits become exhausted, you will be responsible for any unpaid charges. Also, as in all cases if we agree to wait for settlement, you will be responsible to make sure that this office does receive payment for services rendered at the time settlement is made. In the unlikely event that a problem arises with the settlement, you will agree to make arrangements for full payment to this office.

CASH- I will be paying for each visit on a cash basis.

MEDICARE- Please be aware that we are approved Medicare providers, however we do not accept Medicare assignment of benefits. We expect payment at the time of services are rendered by our Medicare patients. We will file your Medicare claim forms for you and payment will be made directly to you by Medicare as reimbursement for our services.

NONE OF THE ABOVE- If none of the above applies to you, please ask for a consultations with one of our front desk assistants before seeing the doctor.

If you have insurance, we will need to make a copy of your card and have you complete and sign and insurance form for our records. We will also request your drivers license and make a copy for our records.

Returned checks will be charged \$25.00 and there may be interest of 1 ½ % charged to your balance should your account be over 30 days.

I UNDERSTAND THAT ALL MY CHARGES NOT COVERED BY INSURANCE,  
REGARDLESS OF THE REASON, ARE MY FULL RESPONSIBILITY.

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Signature

Date