Fowler Chiropractic
Dr. Monica L Fowler D.C.
7455 W Twin Peaks Rd Ste 111 Tucson, AZ 85743
(520) 579-7906 Office (520) 579-7912 Fax

Insurance Disclaimer

I,_____, a patient being treated by Dr. Monica Fowler of Fowler Chiropractic, do hereby acknowledge that a certain portion of my care may not be covered by my insurance company under the terms of my Health Care Plan.

As a courtesy to you, Fowler Chiropractic will file insurance on your behalf; however benefits are not a guarantee of coverage and if for any reason your insurance company denies or fails to pay the claim, you will be financially responsible for the bill.

If at any point your insurance has changed, it is your responsibility to make us aware of all changes prior to your visit/treatment.

This form will be filed in your patient file and will be effective to any and all insurance claims billed on your behalf.

I,_____, acknowledge that I have reviewed my coverage options and understand that I will make financial arrangements with Fowler Chiropractic to pay for services that are not covered by my insurance, including deductibles, co-insurance and co-pays.

_____ _____
Patient/Guardian Signature Date

_____ _____
Staff Member Print Staff Member Signature