

**LARSEN CHIROPRACTIC & REHAB**  
**HEALTH INSURANCE OFFICE POLICY**

Welcome to our office. This notice is to provide information regarding payment when our office bills your insurance company. You are personally responsible for all charges incurred by you at this office. Insurance policies are an agreement between you and the insurance company and are meant to help you pay for your care. You are responsible at the time of service for paying any charges that apply to a insurance deductible, or office visit co-pay.

I have read and understand and accept this policy.

Full Legal Name \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_