

Healing Hands Chiropractic Care
Sherri Prestwich, D.C.
1330 Cedar Lane, Suite 300, Tullahoma, TN (931) 455-6040

Concerning Insurance Coverage for D.N.F.T. Chiropractic

When insurance coverage information for services rendered in this office is obtained from your insurance carrier, other than by an Explanation of Benefits (EOB) or a Remittance Advice document, the following legal disclaimer is given by that carrier:

“Benefits are based on the information given today. Final determination will be made when claims are received, due to possible contract changes or policy cancellation.”

If this office obtains your insurance coverage from your insurance representative, this legal disclaimer is read to us before any benefits you may have are stated. Basically, the final determination of coverage for services provided by this office will be determined when your insurance carrier receives and processes the claims for those services.

Having provided this information, please complete the following information concerning payment for chiropractic services rendered by this office.

Patient Release for Insurance Benefits to be Paid Directly to Healing Hands Chiropractic Care	
Who is responsible for this account? _____ Relationship to Patient _____	
I, the undersigned, have insurance coverage with _____ (Name of Insurance Company)	
and assign directly to Dr. Sherri V. Prestwich all medical benefits, if any, otherwise payable to me for services rendered.. I understand that I am financially responsible for all charges whether or not paid by insurance I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance admissions.	
_____ Signature of Insured or Guardian	_____ Date