

HH Balanced Holistic Healthcare
helping your body heal itself

Dr. Gary Vernon

1225 Birch Street Suite C

Helena, MT 59601

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It is my understanding that if I become a patient in this office I agree to the following:

AUTHORIZATION TO RELEASE INFORMATION

Article I

I authorize you to release any information you feel appropriate concerning any condition to any insurance company, attorney, or adjuster in order to receive reimbursement on any charges incurred by me as a result of services rendered by you professionally.

AUTHORIZATION TO PAY DIRECTLY TO THE DOCTOR

Article II

I authorize direct payment to you of any sum that I owe you now or in the future from any insurance company that is obligated to reimburse me for charges incurred in your office in part or in whole/or my attorney of the proceeds of my settlement. A photocopy of this form is acceptable for payment.

COLLECTION FEES

Article III

I understand the charges I incur in this office are my responsibility. In the event this account is turned over to any attorney or other agency for collection, the patient, or guardian agrees to pay reasonable attorney fees, all lawful pre and post judgment charges, court costs, and delinquent fee of 50 percent of the total amount due or \$150.00, whichever is greater. Accounts turned over for collection will be charged an additional collection fee.

CONSENT TO TREAT

Article IV

I hereby authorize Dr. Gary G. Vernon DC or any of his designated assistants to administer chiropractic care as deemed necessary to:

Patient's Name _____

Signed this _____ Day of _____, 201_____

In Helena, MT.