

Sussex Chiropractic, Wellness & Massage
N63 W23524 Silver Spring Dr, Ste 4
Sussex, WI 53089
262-246-8811

Date: _____

Advance Notice of Insurance Denials:

This form is to inform all patients that if your insurance company denies payment of Chiropractic services, for any reason, including but not limited to Medical Necessity, it is the responsibility of the patient to make payment toward those services.

By my signature, I have been informed by Sussex Chiropractic that certain services, such as re-evaluations and chiropractic adjustments may not be covered by my insurance plan. I understand that if I chose to be treated that I will be the responsible party for payment of any services rendered to me.

Patient Name: _____

Patient Signature: _____

Insurance Company: _____