



**Relief Today,  
Better Health Tomorrow**

**Dr. Mark J. Blessley, N.T.S., B.S., D.C.  
Dr. Roger A. Barnick, B.S., D.C.**

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A clear definition of our policies will allow us both to concentrate on the big issue of regaining and maintaining your health.

**CONSENT TO TREAT**

Any medical or chiropractic care has potential risks. The chiropractic care, massage therapies and modalities used at Good Health Naturally, PLLC have been carefully evaluated for safety and effectiveness. The risks of injury are extremely low however if you have special needs or any concerns about treatment at this clinic, *please ask Dr. Blessley, Dr. Barnick, or any staff member* for clarification and/or more information on our treatments or policies.

**I have read and understand the above statement and hereby give my consent to treatment. Initials \_\_\_\_\_**

**For your convenience we accept Cash, Check, VISA/MasterCard/Debit for payment**

**INSURANCE**

Co-payments will be collected at the time of service. We will bill your insurance company for you, but ultimately you are responsible for any fees not covered by your insurance company. If you have an unmet deductible, a partial or full payment will be required at the time of service.

**CASH**

Fees are to be paid at the time of service. There is a 20% time of service discount on procedures. Retail items are not discounted. Payment arrangements can be set up after a consultation, please speak to someone at the front desk.

**WORKERS' COMPENSATION and PERSONAL INJURY**

We will fill out necessary forms and submit them through proper channels after we receive information from you.

**SPECIAL NEEDS (Hardships)**

Special needs patients may receive discounts or treatment at no charge. Retail items are not included. In hardship situations, please speak with someone at the front desk. A statement of hardship will be required to be signed and kept in patients file and another may be required from a counselor, priest/minister or other person having knowledge of the situation.

**Our office will provide insurance billing services for you as a courtesy. Please know that your health insurance benefits are based on a contract between you and your health insurance carrier and any benefits quoted are not a guarantee of payment. Final determination of payment will only be made after claims have been received and processed. Remember that you as a patient are ultimately responsible for any charges incurred in this office. It is your responsibility to pay any deductible amount, co-insurance, and/or any other balances that are not covered by your contract or paid by your insurance carrier.**

**I understand that I am ultimately responsible for all charges that are incurred at this office and agree to pay for any outstanding bills incurred in this office as well as paying for co-pay, co-insurance and/or deductible amounts.**

I understand the requirements of the plans outlined above.

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