CHILDREN’S RIDER for PARENTS in CASH BASIS PROGRAM

Upon the patient’s choosing to waive and forgo an insurance policy in favor of a self-pay program set forth by office policy, the children of the undersigned may be treated as stated below.

 Parent/patient’s name \_\_\_\_ .

Insurance company .

Policy number .

Licensee’s name and address Glen R. Carkin MD DC, Townsend Harbor Chiropractic,

18 Main Str., Suite 210, Townsend, MA 01469

 Parent/patient’s signature \_\_ .

Date signed .

The payment required is $20.00 per treatment and only while one or both parents are active patients with this office. This policy shall define a child as birth to 16 years old. The child must be accompanied by an adult. The treatment frequency shall never exceed 3 times per week. One Children’s Rider policy shall allow up to four siblings, after which other arrangements must be made.

Sibling’s names

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_