CHILDREN’S RIDER for INSURANCE PATIENTS at TOWNSEND HARBOR CHIROPRACTIC

Children of the patient’s with insurance coverage being treated at TOWNSEND HARBOR CHIROPRACTIC may be treated by the specific directives 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 .

This policy requires a payment of $20.00 cash per treatment if, and only if, the child is not covered by the parent(s) insurance policy. One or both parents must be an active patient(s) at this office during the period in which the child is treated. 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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_