

ADAMS RADIOLOGY CONSULTANTS

Tawnia L. Adams, D.C., D.A.C.B.R.
Radiologist

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Patient Consent and Assignment

I understand that the Excellence in Health Chiropractic & Rehab Clinic may have my radiographs interpreted by Tawnia L. Adams, D.C., D.A.C.B.R. of Adams Radiology Consultants, an independent radiologist certified by the American Chiropractic Board of Radiology. I hereby authorize release of any information regarding my health care necessary for the purpose of this evaluation and for billing procedures.

I am aware that I will be responsible for this professional diagnostic radiology interpretation and written report, and accordingly authorize payment from the insurance carrier or attorney directly to this specialist, which will be billed separately from the referring clinician.

Any amounts owed by not collected from an insurance carrier or attorney will be my responsibility. Medicare/Medicaid do not cover this service.

Patients Signature: _____

Patient's Printed Name: _____

Legal Guardian's Signature if a minor: _____

Date: _____

For office use...

Referring Doctor _____

Case Type: _____

Insurance carrier/address: _____

Insurance ID/Claim#: _____

Diplomat of the American Chiropractic Board of Radiology