

**GLENN M. AHEE, D.C., PLLC**

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**CONDITIONS OF ACCEPTANCE FOR CHIROPRACTIC CARE**

Welcome to our office. Our goal is to help you feel better in the least amount of time, at the minimum cost, and to maintain your spine so you stay feeling well. We will adjust only when and where we feel a problem exists. We will base your care on examinations and our specialized experience.

**\*Shorepointe Chiropractic is not a partnership or corporation. Dr. Ahee, Dr. Shiemke and Dr. Young have separate, private, practices. There are 4 different entities at this location, Charles J, Shiemke, D.C., Glenn M. Ahee, D.C., Timothy L. Young, D.C., Jerry Beard II, LMT. They are all independent practitioners. However, they may be involved in the evaluation and/or ongoing treatment of your condition.**

**ASSIGNMENT**

I hereby instruct and direct my insurance company or attorney to pay by check, made out and mailed directly to Glenn M. Ahee, D.C., PLLC, the professional or medical expense benefits allowable and otherwise payable to me under my current insurance policy, or recovered through litigation of an automobile, occupational, or personal injuries as payment toward the total charges for professional services rendered by this office.

A photocopy of this assignment shall be considered as effective and valid as the original.

**RELEASE OF INFORMATION**

I authorize this office to release and information pertinent to my case to any insurance company, adjuster or attorney involved in this case; and hereby release this office of any consequences thereof.

**FINANCIAL RESPONSIBILITY**

I agree to be financially responsible for all charges at this office including, but not limited to **insurance deductibles, co-payments and any services rejected by my insurance company.**

**AUTHORIZATION TO RENDER CARE**

I hereby authorize this office to render chiropractic care, including therapeutic modalities and diagnostic tests that the Doctor feels is necessary.

**NOTICE**

There are reported cases of stroke associated with visits to medical doctors and chiropractors. Research and scientific evidence does not establish a cause and effect relationship between chiropractic treatment and the occurrence of stroke; rather, recent studies indicate that patients may be consulting medical doctors and chiropractors when they are in the early stages of a stroke. In essence, there is a stroke already in process. However, you are being informed of this reported association because a stroke may cause serious neurological impairment or even death. The possibility of such injuries occurring in association with upper cervical adjustment is extremely remote. If you have any questions or concerns regarding this please ask Dr. Ahee.

I have read the above provisions and hereby agree to abide by them as specified above.

\_\_\_\_\_  
Patient/Responsible Party

\_\_\_\_\_  
Date