

Riddel Chiropractic Center
6480 E. Main St. Suite B Reynoldsburg, Ohio 43068
(614) 864-1611 ~ (614) 864-4573 (f)

Patient Wavier of Insurance Coverage

I have chosen under my own will and testament to not utilize my health coverage. It is my legal right as the policy holder to make this choice. This agreement will supersede any provider contract language that would require **Dr. Riddel** to submit my care. I understand in making this choice I will be financially responsible for all care received in this office. I also understand at no time will I or **Riddel Chiropractic Center** submit any care to my insurance in effort s to meet deductibles and/or seek reimbursement.

Should I choose to begin utilizing my insurance benefit I must notify this office in writing prior to receiving care.

Patient's Printed Name

Date

Patient's Signature