

# Colorado Chiropractic Radiological Center

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Jeremy D. Rodgers, D.C.,  
Board-Eligible Chiropractic Radiologist

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Fax (303) 604-4359

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## Informed Consent and Billing Form

I understand that this office will have my radiographs interpreted by Jeremy Rodgers, D.C., a board-eligible radiologist.

I am aware that I will be responsible for this service and accordingly I hereby authorize Dr. Jeremy Rodgers, D.C., P.C. assignment of benefits for services rendered directly from my insurance carrier or attorney. Accordingly I authorize Jeremy Rodgers, D.C., P.C. to obtain information necessary to secure payment of benefits and authorize the use of this signature on associated benefit submissions. Any amounts owed but not collected within forty-five days of the service will be my responsibility.

This service is not covered by Medicare.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Doctors Name: \_\_\_\_\_

Type of Accident \_\_\_\_ Auto \_\_\_\_ Work \_\_\_\_ Home \_\_\_\_ Other \_\_\_\_  
Date of Accident: \_\_\_\_\_

To whom have you made a report of your accident?

Auto insurance    Employer    Worker Comp    Other

Attorney name, address, and phone number (if applicable):

\_\_\_\_\_  
\_\_\_\_\_

Patient Address: \_\_\_\_\_  
\_\_\_\_\_

Patient Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Patient Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

If Insurance, Company Name: \_\_\_\_\_

Policy or Claim Number: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Insured's Employer: \_\_\_\_\_ Insured Soc. Sec. # \_\_\_\_\_

Relationship to Patient:    Self    Spouse    Child    Other: \_\_\_\_\_

Claims Address: \_\_\_\_\_

Adjuster or Contact Name (if known): \_\_\_\_\_

Insurance Contact or Billing Phone Number: \_\_\_\_\_

If secondary insurance: Insured's name, insured's date of birth, policy number, employer, policy number, relationship to patient, billing address, billing phone number  
please: \_\_\_\_\_

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**A copy of 1) your clinic's patient billing information and 2) insurance card will be sufficient in lieu of the information immediately above.**