

ADAMS COUNTY CHIROPRACTIC

Dr. Phillip B. Andrus, DC

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Dear Patient,

Please be informed that Dr. Phillip Andrus has agreed to participate with your insurance program in order to better serve his valued patients. As you know, this often means that he also agrees to discount his fees to your insurance company as a convenience to you.

Often times insurance companies will not cover necessary services. This means that there may be at times when additional office visits, massage therapy, adjunctive therapy procedures such as ultra-sound or electrical stim, and exercise rehabilitation services that are a necessary part of your care may be denied payment by your insurance company.

We want you to be aware that while we accept a discounted fee for a covered service, if you receive a service that your insurance refuses to cover, you will be responsible for that cost.

I have read the above and agree to be responsible for any non covered expenses.

Patient's Name printed

Patient's Signature

Date