

Acknowledgment of Non-Participation

I am aware of and acknowledge that Dr. Kristen Gibbs and Feel Better Now do not accept insurance. Dr. Gibbs and Feel Better Now are not participating providers in any insurance network; this includes Medicare.

_____ I certify that I will not seek to be reimbursed by Medicare, Medicaid, Tricare, or any other government insurer.

Print name

Signature

Date

Consent to Evaluate and Adjust a Minor

I, _____, as the parent or legal guardian of _____, have read and fully understand the terms of accepting care from Dr. Kristen Gibbs/Feel Better Now. I hereby grant permission for my child to receive Network Spinal Analysis care.

Print name

Signature

Date