

**STAR CHIROPRACTIC FAMILY CLINIC, LLC**  
**Dr. K. F. Husain, D.C., BCIM, DMBBP, NRCME, MCSP**  
11644 W. 75<sup>th</sup> Street, Suite 102  
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Tel: 913-248-9900 Fax: 913-248-9902

**Patient or Responsible Party's Signature**

*It is your responsibility to have your health insurance information to our office at the first appointment or at the first indication that your insurance has changed.*

*While insurance is meant to be an aid, it is in no way dictates the treatment we may recommend for you. Our treatment plans are based upon our diagnosis and are not meant to follow or be dictated by your benefits. Insurance is not considered a guarantee of payment and payment may be denied for certain procedures even though the patient and the chiropractor agree that the submitted treatment plan is in the patient's best interest.*

*If the proposed treatment is provided, the patient must understand that the payment is his/her sole responsibility. Also, if any collection action is necessary the undersigned will be responsible for reasonable collection cost as well.*

**Patient Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_