Responsibility for Payment

Andrea Wolkenberg
PT, MA, CKTI

I understand that Spine Solvers Inc. and its employees do not accept assignment of insurance benefits and that I am required to pay out-of-pocket for any treatment or services provided by Spine Solvers Inc. personnel on the day of service.

I also understand that Spine Solvers Inc. will provide me with an itemized bill, including diagnosis codes and treatment codes if applicable so that I can request reimbursement from my insurance company. While Spine Solvers Inc. and its staff will make every reasonable effort to assist me in obtaining reimbursement, I will not hold them responsible for any failure of approval of benefits by my insurance company for any reason.

Patient's Name: _____ **Date:** _____
PLEASE PRINT

Patient's Signature: _____