

## X-Ray Insurance Coverage Waiver

I am aware that plain film x-ray radiographs may be required by the doctor to properly evaluate the condition of my spine. These X-rays may or may not be covered **in this office** by my insurance company. I understand that my insurance company may cover this procedure at another location, however, I am choosing to have this procedure done at Honey Brook Chiropractic Center.

***By signing this form, I agree to pay for all charges related to radiographic procedures in this office that my insurance company may not cover.***

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_