

**Sutton Chiropractic and Nutrition**  
7515 Greenville Avenue, Suite 904  
Dallas, Texas 75231

Date \_\_\_\_\_

I \_\_\_\_\_ (the patient) have been informed that Dr. Christy Sutton does not participate in any insurance program including Medicare and does not have a provider number. I understand that the doctor does not have staff to fill out medical forms. I waive my right to ask the doctor to fill out any insurance or Medicare paperwork and agree to pay for services when rendered. I understand that the practitioner will help me with a referral if I choose to enter the Medicare system.

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

\_\_\_\_\_  
Witness