

Wheelock Chiropractic FINANCIAL AGREEMENT

- I understand that it is my responsibility to know my insurance benefits- copayments, deductibles, and coverage. If I have a session which I believe will be covered by my insurance, but then is not covered, any outstanding balance is my responsibility.

Initial Evaluation: \$125.00.

Treatment session: \$50.00

- I understand that copayments required by my insurance are to be paid at each session.
- I will pay a cancellation fee of \$50.00 for any appointment that I miss if I have not cancelled at least 24 hours ahead of my appointment time on the prior business day. I understand that my insurance company cannot be billed for this fee.
- Checks returned by the bank for insufficient funds will incur a \$25.00 service fee plus bank charges.
- I understand that I will be billed for any charges for which I am responsible. If Wheelock Chiropractic has not received payment within 60 days of billing, my account may be sent for collection to a collection agency, an attorney, and/or small claims court. Identifying information, amounts due and the nature of the services would be released. I will be responsible for any related attorney fees in addition to the delinquent amount.
- Wheelock Chiropractic reserves the right to enforce the terms of this Agreement in whole or in part, which shall under no circumstances be construed as a waiver of any of the terms of the agreement.

Patient Signature

Date