

**FINANCIAL AGREEMENT
Wheelock Chiropractic**

PLEASE READ AND FULLY UNDERSTAND BEFORE SIGNING!

- I am responsible for a cancellation fee of \$58.00 for any appointments missed without at least 24 hours notice prior to my appointment time. Wheelock Chiropractic allows a one-time waiver for unforeseen emergencies. I understand that my insurance company cannot be billed for this fee. If I have pre-paid credit, one treatment will be deducted from my credit plan.
- I understand that it is my responsibility to know my insurance coverage, including: CHANGE IN BENEFITS, DEDUCTIBLES & COPAYMENTS, and REFERRAL REQUIREMENTS & COVERAGE. If I have a session that I believe will be covered by my insurance, but then is not covered, any outstanding balance is my responsibility at the following rates:

Initial Evaluation: \$125.00

Treatment Session: \$58.00

- 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, and 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 Name (Print)

Signature

Date

Parent / Guardian Name (Print)

Signature

Date