

Camano Island Chiropractic

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Phone: 360.387.4502

Financial Contract

Please read the following statements acknowledging that you understand the financial contract

- Camano Island Chiropractic will be billing your medical insurance, if you have coverage for your treatment. If at any time your insurance is discontinued, and you are still in ongoing care, you will be responsible for payment at the time of service. It should be understood, that all charges, whether or not paid by insurance, are solely the responsibility of the undersigned.
- Co- Pays are due at time of service
- If payment arrangements need to be made, this can be done prior to treatment
- A service Charge of 1% or \$1.00 per month, which ever is greater, will be charged on all PAST DUE accounts.

Patient Signature _____ Date _____

Signature of Guardian (if necessary) _____

Witness to Signature _____ Date _____