

PAYMENT AND POLICY AGREEMENT

Our policy requires payment in full for all services rendered at the time of service unless other arrangements are made by our office manager. If the account is not paid in 90 days of the date of service and no arrangements have been made, you will be responsible for ALL collection fees including a 20% interest fee, legal fees, and any other expenses incurred in collecting on the account.

I authorize the provider and staff to perform any necessary services during diagnosis and treatment. I also authorize the provider and staff to release any information required to process insurance claims.

I understand it is my responsibility to inform the office of any changes. I also understand and agree that all services rendered to me will be charged to me and I'm responsible for all payments of such services. I understand and agree that health/insurance policies are an arrangement between the insurance carrier and myself.

Our office is committed to providing availability to all our patients. In order to maintain this with everyone, we ask that you give at least 24 hours notice of any cancelations or changes. The appointment made is for YOU so if another person that is with you (spouse, child, friend) needs to be seen, please see the front desk to schedule an appointment for them. Cortez Chiropractic reserves the right to charge a \$50 no show fee. This fee will be due before your next visit.

Our office also does our best to keep appointments on schedule. If you arrive LATER than your scheduled appointment, out of respect for the patients who have arrived on time, you may be asked to reschedule your appointment. Being late translates to insufficient time for your appointment. We will make every effort to honor your appointment as a "work-in" as our schedule allows. There may be times we run behind due to unforeseen needs of patients and do our best to stay on schedule.

SIGNATURE _____

DATE _____