PAYMENT AGREEMENT FOR SERVICES

I AGREE TO PAY FOR ALL SERVICES DONE IN GALA DAVIS CHIRORACTIC CENTER, PC AT THE TIME OF THE SERVICE, INCLUDING BUT NOT LIMITED TO: EXAMINATION, X-RAY (S), ADJUSTMENT AND ANY OTHER EXPENSES.

I herby authorize any treating physician or hospital to release to Gala Davis Family Chiropractic Center, any and all health records in their possession for health care rendered to me.

I authorize payment of medical benefits to Gala Davis Family Chiropractic Center for services rendered.

I understand that I am financially responsible for all bills incurred under the care of Gala Davis Family Chiropractic Center.

Our office policy states payment must be made in full for all services rendered at the time of visit unless other arrangements have been made. If the account is not paid within 30 days of the time of service, it will begin accruing interest at a rate of **21%**. If your account is not paid in full within 60 days, you will be responsible for any expenses incurred in the collection process of your account. If you are involved in any type of litigation case i.e.: auto accident, and you choose to discontinue care before the doctor releases you, your balance will be due, immediately. The above days and rates will apply.

I understand that I am financially responsible to pay Gala Davis Family Chiropractic Center any and all insurance checks that are sent to me from my insurance company for the services rendered in this office. The above days and rates will apply.

There is a $30 returned check fee for all returned checks that will be added to your bill.

Gala Davis Family Chiropractic Center has very affordable plans so that you may receive care and not carry a balance. Ask someone at the front desk for details or talk with Dr. Davis. We are here to help you achieve your optimum health potential and keep it that way for life. That is our primary concern.

ALL PRE-PAY PLANS ARE NON-REFUNDABLE.

I, _____, agree to abide by the above policies.

_____ _____

Signature of Patient/ Responsible Party Date