



No Insurance Coverage Financial Policy

It is our office's policy to collect for services as they are rendered.

Practice members with no insurance coverage will be expected to pay for services on each visit unless prior arrangements are made.

By signing this document, I am taking full responsibility for payment of services received at Pickens Family Chiropractic, LLC.

Furthermore, I agree that if I (practice member or guarantor) agree that if I do not abide by the financial policy stated above, my account will be turned over to your collections agency with a 45% collection fee to be collected at my expense.

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Everything that I have stated in Chiropractic Intake Form is correct and I understand that you will keep my Chiropractic Intake form in my file.

*Patient Signature _____ Date _____

Employee Witness _____

If you have any questions regarding our policies, please let us know.
We want to assist you in any way.