

# PATIENT BILLING INFORMATION

I understand that all payments are due to **Fruitport Chiropractic Center** at the time services are rendered, except when prior arrangements are made. All bills are due and payable in full.

All fees are based upon individual services rendered, and may vary from visit-to-visit depending upon the doctor's specific recommendations. A complete list is available at the front desk.

Initial Consultation: No charge. (*Initial consultation does not include any exams or X-rays.*) All fees are subject to change without notice.

**A charge of \$25** will be assessed for a missed appointment. We require a **24-hour notice** for cancellations.

If you or your insurance company request copies of your medical records, a charge of \$10, as well as ten cents per copy, will be billed to you. You may try to recover this charge from your insurance company.

Any financial arrangements are to be determined prior to services rendered. I agree to the terms above, and acknowledge that in the event that there is an outstanding balance which fails to be cured within sixty (60) days, my account with **Fruitport Chiropractic Center** will be turned over to collection. I understand that should this happen, I will remain responsible for any and all additional collection fees and/or attorney and court costs.

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{Signature}

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{Date}