



By signing below, you agree to the following:

PATIENT PAYMENT POLICY

It is our office policy that all past due accounts be sent two statements. If payment is not made on the account, two additional statements with detailed letters will be sent to make payment arrangements. If no resolution can be made, the account will be sent to the collection agency, or attorney, and possible discharge from the practice will occur. We may also refuse to see patients with balances over \$250 and who are not making regular payments on the balance.

In the event an account is turned over to collections, a collections fee will be added to your account. Patients are responsible for any postage fees, attorney fees, or court costs that may be necessary for recovery of the outstanding balance. In the event of an NSF check, there will be a \$30 NSF charge added to the balance due.

Regardless of any personal arrangements that a patient might have outside of our office, if you are over 18 years of age and receiving treatment, you are ultimately responsible for payment of the service. Our office will not bill any other personal party.

This financial policy helps the office provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, feel free to contact us.

CANCELLATION POLICY

Our time together is important. Please provide at least a 4-hour notice if you need to reschedule a treatment. **A client who fails to reschedule within 4 hours, multiple times (2 or more) will be asked to pre-pay for future services.** If you are planning to cancel an appointment, a 24-hour notice is appreciated. **An inconvenience fee of \$50 will be charged to repeat cancellation offenders.**

X _____

LEINGANG CHIROPRACTIC AND WELLNESS RESERVES THE RIGHT TO CHANGE AND/OR MODIFY THE INFORMATION IN THESE POLICIES AT ANY TIME.