

PATIENT PAYMENT AGREEMENT
Burlington Family Chiropractic

It is our preferred office policy that payment is due at the time of service. However, we understand that occasionally patients may need to make a temporary payment agreement while receiving necessary chiropractic care. Your health is our first concern and we are willing to extend the following payment agreement:

I agree to pay \$ _____ per _____ beginning on (date) _____

And every _____ thereafter until...

___ the above account(s) is clear

___ my circumstances are re-evaluated in (month or date) _____

___ other (describe) _____

___ Check here if the above amount is in addition to the co-pay amount.

Additional Notes _____

Name(s) of Patient (s) covered by this agreement (Print): _____

Responsible Party Signature: _____

Staff Initials: _____ Date: _____

**This agreement does not include any fees in which a 3rd party is responsible for payment*

Office Use: _____ Note in Computer Remarks _____ Copy in File _____ Original in Office Manager Binder