

Harrison Chiropractic Center

Payment Policy Agreement

We ask that you please give the receptionist any of the following information that pertains to your circumstances for treatment in our office.

Personal Insurance Card

Auto Insurance

Workman's Compensation Insurance

Personal Injury Insurance

Attorneys Contact Information

Please understand that with personal insurance there may be deductibles or copays due at the time of the service. Any supplements, cervical pillows or other supplies may not be covered by insurance and will always need to be paid at the time of the service. If you are a self-pay patient all payments will be due at the time of the service unless we have an agreement on file. This agreement allows us to bill a credit card once a month for the total balance due. You may specify the day you prefer us to make this monthly transaction. If you would like to set up a monthly agreement other than paying at the time of the service, please complete the information below. Thank you.

Name _____

Cardholder Name _____

Cardholder Billing Address _____

City _____ State _____ Zip _____

Card Type _____ Account Number _____ Ex Date _____

Cardholders Signature _____ Date _____