

**FINANCIAL POLICY**

1. I understand that payment for all services rendered to me is ultimately my individual responsibility.
2. Lifestyle Chiropractic requires a **24-hour cancellation notice**. There is a **$25.00 service fee** for NO-SHOWS or CANCELLATIONS without proper notice. This charge is NOT covered by your medical insurance and is billed directly to the client and will be collected at the time of the next scheduled appointment. Repeated missed appointments may warrant discontinuance of care. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (patient initials).
3. Your appointment may be cancelled, and you may be charged for the cost of your treatment session, if you are more than 10 minutes late for your appointment.
4. There is a $35.00 returned check fee.
5. If your injury is related to a Motor Vehicle Accident, Personal Injury or a Worker’s Compensation Injury, it is your responsibility to inform Lifestyle Chiropractic.

By signing this form, I acknowledge that I have reviewed and agree to Lifestyle Chiropractic use and disclosure of my private healthcare information (HIPAA) for treatment, payment and health care operations.

I have read and agree with all the provisions within Lifestyle Chiropractic’s financial agreement. I further acknowledge that all the information given, whether oral or written by me to Lifestyle Chiropractic is true.

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**PATIENT or GUARDIAN SIGNATURE Date**

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**Signature of Authorized Clinic Representative Date**