

Charleston Chiropractic Center
Sports & Family Practice
1571 Mathis Ferry Road, Mount Pleasant, SC 29464
Tel. (843) 971-5338 Fax (843) 971-5337

Financial Disclaimer

PATIENT COOPERATION

This Agreement assumes full Patient cooperation. Failure to do so may result in an incomplete treatment program. Patient recognizes that time is one of the most important factors in his/her treatment program. Hence, compliance to recommended schedules is equally important and Patient agrees to keep appointments. Patient understands that additional treatments may be necessary due to lack of cooperation, failure to keep appointments, failure to follow exercise recommendations, engaging in activities outlined to be injurious or which may cause additional trauma to the body. Payment for additional treatments due to Patient's lack of cooperation as outlined above would be in addition to the treatments provided by this Agreement.

TERMINATION

In the event the patient has chosen to pay for his/her services through monthly installments, the total amount of money owed for services rendered would be due at time of termination or discontinuation of care. For example, if patient had received \$600 worth of services and discontinued care and had already paid \$300, patient would owe \$300.

REFUNDS

Refunds will be provided and paid by the office within 15 days of the receipt of Patient's written request for termination of this Agreement. Refunds of payment plans that are paid in full will be refunded minus the discount offered at the time of signup.

SUBSEQUENT INJURIES

If, during the services outlined in this agreement, a "new injury" occurs which is covered by a third party payer such as worker's compensation, auto insurance, etc., office reserves the right to suspend this program of care and the Agreement until such time as the "new injury" is clinically resolved. In such case, office would directly bill the insurance company and continue the program outlined herein at the resolution of the "new injury".

NO GUARANTEE OF RESULTS / NO WARRANTIES

Patient recognize that this Agreement is not a guarantee of results, that no express or implied warranties are made, and that it deals solely with financial and time obligations. Payment of any outstanding balance shall be made by the patient regardless of results.

Patient Initials: _____ Date: _____