Chiropractic Offices of:
Tracie Khoury, D.C.
Ryder Church, D.C.
Dean Trotter, D.C.
Brad Cotton, D.C.

FINANCIAL POLICY

Financial Guarantee: I, _____ (patient or guarantor) agree that in consideration of services rendered by Dr. _____, I will be personally responsible for any and all expenses incurred for such treatment. Also, I agree that if I fail to make payment in full (in a timely manner) or if I fail to make a reasonable payment arrangement and my account becomes past due, I shall be liable for and I agree to pay all collection agency fees and/or attorney's fees and court costs. I understand that this office will make a reasonable effort to collect from my primary insurance company (our office does not bill secondary insurance) but ultimately the responsibility for charges is mine.

If my case is a workers compensation or personal injury claim, this agreement serves as a lien to said doctor on any settlement, claim, judgment, or verdict. I authorize and direct my attorney or insurance carrier to pay directly to this office such sums of money as may be due and owing for services rendered to me. In the event that no settlement, claim judgment, or verdict is reached within one year of the date of this agreement, I hereby agree to undertake the payment of any outstanding bills due and owing to this office. I fully understand that I am directly and fully responsible to this office for chiropractic or other bills submitted for services rendered to me.

_____ _____
Responsible Party Signature Date

_____
Printed Name

ASSIGNMENT OF BENEFITS AND RELEASE

I, the undersigned, certify that I (or my dependent) have insurance coverage with

_____ and assign directly to Dr. _____ all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

_____
Responsible Party Signature

_____ _____
Relationship Date