

FINANCIAL AGREEMENT

WITH

**LOOKOUT VALLEY CHIROPRACTIC
3536 Cummings Hwy. Ste. 120
CHATTANOOGA, TN 37419
(PHONE) 423-825-5252
(FAX) 423-825-1228**

We welcome you to our office and assure you that you will be receiving the very best care available for your condition. To familiarize you with the financial policies of our office, I would like to explain how your medical bills will be handled.

Our fees are as follows:

**Adjustment: \$35 -- \$50
Therapy (each): \$10 -- \$50
X-ray (per view): \$30
Exam: \$40 -- \$100**

Payment is expected at the time services are rendered unless other arrangements are made in advance.

We will be happy to submit your medical bills for payment to your insurance company. Your deductible (if you have one) and percentage or co-payment is due at the time of service.

If your insurance stops paying, you are responsible for any visits not covered. We will notify you should your insurance discontinue payment.

All services rendered in this office will be charged directly to you, and ultimately you will be personally responsible for payment of these bills regardless of your insurance coverage.

Once again, we welcome you to our office. If you have any questions regarding your insurance coverage, please don't hesitate to ask us. We are here to help you.

I have read and agree to the above. I further agree that if this account has to be placed in the hands of an attorney or collection agency for collections, I will be responsible for all reasonable attorney's fees and court costs.

Patient's Signature

Date

