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Name: _____ Case: _____ Date: _____
(PLEASE PRINT) (FILLED OUT BY STAFF)

Important Notice!

Welcome to Valley Chiropractic Clinic, Inc.

Our practice is committed to providing the best treatment possible for our patients. We charge what is usual and customary for our area, regardless of any insurance company's arbitrary determination of usual and customary.

We will bill the insurance company of your choice for all services rendered. We will prepare a report to send with each billing that will keep them informed of your progress and current treatment plan. However, it is your responsibility to ensure that your insurance company pays. The contract is between you and them, whether they are your insurance company or an insurance company representing another party involved.

In an effort to keep your account current, we require a minimum monthly payment of \$100.00 until your account is paid in full, either by personal payment or by a settlement with the insurance company.

If you fail to make monthly payments, a 12% APR interest charge will be applied to the account balance. In the event that it becomes necessary for this clinic or its agents to employ legal counsel and/or a debt collection agency to collect any amount due, you will be responsible for payment of legal and/or collection charges.

We will send you monthly statements to keep you informed of charges incurred and payment received on your account. If you have questions regarding your account, please feel free to speak with the Accounts Receivable Clerk, who will assist you in understanding the insurance billing procedures for personal injury claims.

I understand and agree to the terms of this agreement.

Patient Signature

Date Signed

Witness Signature

Date Signed