

TO ALL OF OUR PERSONAL INJURY PATIENTS

We would like to welcome you to our office and assure you that we are committed to providing you with the best possible care. In cases of motor vehicle collisions, it is not uncommon, for the insurance company to mail payment for your medical expenses to you.

All payments for services rendered by our office will be mailed directly to you. You are responsible to pay our office when these checks are received. Payment arrangements for these services after your check has paid are not acceptable.

We also request that you provide us with a copy of the Explanation of Benefits that comes with your check so we may record your account properly.

Thank-you for you cooperation.

Sincerely,
Alta Mesa Chiropractic

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE WRITTEN RESPONSIBILITY OF MY PART AS YOUR PATIENT.

PATIENT SIGNATURE: _____ DATE: _____

In the event that payment is not received in this office within 15 days of issuance of said payment to me by the insurance company, the following credit card will be charged in the amount of the payment received:

Credit Card: _____ Visa _____ Mastercard

Card holder name _____

Account # _____ Exp Date _____

Authorized Signature: (required) _____

Alta Mesa Chiropractic, 1140 N. Higley Road., #102, Mesa, AZ 85205, (480)830-8250