

Chiropractic Payment Agreement

Date: _____

Patient Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Payment Terms

1. Total Cost of Treatment: \$_____

2. Deposit Amount: \$_____ (due on date of signing)

3. Remaining Balance: \$_____ to be paid in the following installments:

- Installment 1: \$_____ due by _____
- Installment 2: \$_____ due by _____
- Installment 3: \$_____ due by _____

Payment Methods

Please select your preferred payment method:

- Credit Card
- Debit Card
- Cash
- Check

Agreement

I, _____ (patient name), agree to the payment terms outlined above for chiropractic services rendered by _____ (chiropractor's name) at _____ (clinic name).

Signature: _____

Date: _____

Contact Information

If you have any questions regarding this agreement, please contact:

Clinic Name: _____

Phone Number: _____

Email: _____