



USHA HONEYMAN, DC, ND
 DABCI
*Chiropractic Internist and
 Naturopathic Physician*



1368 NW Lincoln Ave.
 Corvallis, OR 97330
 541-754-6323

Regain your body's potential.



Gentle hands-on treatment.

FINANCIAL POLICY

Thank you for trusting us with your health care. Our goal is to support you in your desire to be healthy and well through the health care and education provided here. Your bill is your responsibility. You may pay your bill with cash, check or credit card (Visa or Mastercard). Payment in full is due at the end of your office visit or phone visit. Please note: finance charges are 2% monthly (\$8 minimum monthly) for all bills unpaid 25 days after receipt of the service. Repeat bills will incur \$10 per monthly billing cycle. Accounts 90 days past due may be subject to legal action. Patient or responsible party will be liable for legal fees incurred to collect this debt.

All lab fees, nutritional supplements, and orthopedic supplies will be paid when you receive them. No other arrangements for payment will be made with these supplies.

I have read, understand, and agree to the provisions of this financial policy.

Signed _____ Date: _____
 (Signature of patient or person financially responsible for the bill.)

PATIENT PROFILE

Name: _____ Age: _____

DOB: ____/____/____

Address: _____

City: _____ State: _____

Zip: _____ Phone (H): _____ (W): _____

Occupation: _____ Employer: _____

Emergency Contact Person: _____

Phone: _____ Address: _____

Relationship to Person: _____

If you have insurance you would like us to bill, please complete the back of this page, thank you.