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 AGREEMENT

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. If for any reason, your balance isn't paid in full at the time services are provided, billing fees ($10/month) and finance charges ($8 or 2% per month whichever is greater) will accrue. 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.

If you arrive for an appointment wearing any scent, including laundry product, that we can detect, you will need to leave. We can convert the appointment to a phone visit, or you will be subject to a missed appointment fee. If you find you are wearing scented product on the day of an appointment, please call ahead and we will convert the appointment to a phone appointment.

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 1st:_____ 2nd choice: _____

Occupation:_____ Employer:_____

Emergency Contact Person:_____

Phone:_____ Address:_____

Relationship to Person:_____