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 VISA or Mastercard. If you want to pay with cash or check, special arrangements must be made ahead of your visit. Payment in full is due at the end of your 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 nutritional supplements will be paid when you receive them. No other arrangements for payment will be made with these supplies.

I agree to allowing Dr. Honeyman access to my medical records with other health care providers when it is appropriate to provide health care safely.

If I fail to notify Dr Honeyman's office at least 48 business hours prior to my scheduled appointment, then I agree to pay no-show fee. This office reserves the right to make changes in our fees and/or policies without advance notice. I have read, understand, and agree to the provisions of this financial policy.

Signed_____Date:_____
(Name of person financially responsible for the bill constitutes digital signature.)

PATIENT PROFILE

Name:_____Age:_____

DOB:____/____/_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

Shipping Address: _____

City:_____ State:_____ Zip: _____

Phone 1st:_____ 2nd choice _____

Email address:_____

Occupation:_____ Employer:_____

Emergency Contact Person:_____

Phone:_____

Relationship to Person:_____