

Chillicothe Chiropractic & Wellness Center, Inc.

190 N. Bridge Street • Chillicothe • Ohio • 45601 • 740-775-9995

CREDIT GUARANTEE – EXTENDED PAYMENT AGREEMENT

Patients who are uninsured or whose insurance does not cover chiropractic care because of high deductibles or other limitations are personally responsible for payment. Payments can be paid at the time the services are rendered and receive a 20% reduction of fees. (See Financial Policy for details) However, we understand you may not be able to pay for all the services as you receive them, and we do not want financial situations such as this to deter you from receiving the care you need. As a service to you and to keep your account current, we may offer an extended payment option. This option allows you to make payments in the future for the services you receive currently. This will enable you to spread out your payments if you wish and make them smaller while keeping your account current. Because we cannot extend open credit we have provided the following options for you to choose from. Our collections department will recommend an option that will meet the needs of your particular situation. We reserve the right to deny any option we deem inappropriate to keep your account current. Full balance may be due immediately in certain situations. (See Financial Policy for details)

I authorize CCWC, Inc. to keep my signature on file and to charge my designated credit/debit card account, or to deposit my post-dated checks, as selected and approved below. The recurring charge is based on me paying the total amount below in four consecutive months. This agreement will expire when the balance below is retired. I understand that if the agreement is not honored my account will be considered delinquent and submitted for collections.

My past due balance, or expected future balance is: \$ _____

Recurring charges of \$ _____, processed as selected for the following business day:

- Monday of each week
- Semi-Monthly on the 1st and 15th of each month
- Monthly on the 1st of each month
- Other _____

This balance will be paid by:

- Post Dated Checks
- Credit Card

Credit Card:    

Name as appears on card: _____

Card # _____ **Exp. Date** ____/____

Signature _____ **Date** _____

Email Address _____

Witness _____ **Date** _____