

Alden Chiropractic, Inc.
Janice M. Alden, D.C., C.C.S.P.
614 Grand Avenue, Suite B
Oakland, CA 94610
Phone: 510-286-8103 Fax: 510-286-8104

CASH FINANCIAL AGREEMENT

We would like to take a moment to welcome you to our office and to familiarize you with our financial policies.

You are financially responsible for all services rendered to you in this office. Payment is to be made in FULL (100%) for each visit at the time of the visit.

We will be happy to provide you with a "Superbill" for submission to your insurance company when payment is made. Your insurance company may then reimburse you directly.

All checks for chiropractic services should be made out to Alden Chiropractic, Inc.

** CANCELLATION POLICY

No charge will be made for cancellations or appointment changes if 24 hours notice is given. **For missed appointments and cancellations with less than 24 hours notice, there will be a charge of \$50. If a double appointment was scheduled, the charge will be \$80.** Payment needs to be made in full by you. Your insurance company will not pay for missed appointments.

I have read and agree to the above.

Signature _____

Date: _____

Thank you and welcome to our office.