



Today's Chiropractic Clinic, P.S.

Chiropractic Care, Spinal Decompression, Rehabilitation Exercises, Massage Therapy

614 South 225th, Des Moines, WA 98198 P: 206-878-2225 F: 206-878-7486

www.todayschiropractic.net

Please Initial Next to Your Method of Payment.

_____ **Cash:** Payment must be made at the time services are rendered.
We accept Cash, Check Visa, & MasterCard.

_____ **Health Insurance:** You need to provide our office with your insurance information. We will bill your insurance as a courtesy to you; with the understanding that you are ultimately responsible for your account in our office. All co-pays are due at the time of service.

_____ **Personal Injury:** It is your responsibility to provide our office with any and all insurance information; including PIP, third party, health insurance, etc. We need all claim numbers and insured person's name, address, and phone numbers. You are responsible for payment to our office for any services rendered.

_____ **Labor & Industries:** You are responsible for filling out Labor & Industries long form or the form for self insured L&I. You are also to have an accident report filed with your employer. If your claim is not accepted, you will be responsible for your account balance.

*We also offer Care Credit, which is a credit card exclusively for healthcare services. Please inquire with the front desk for more information.

*Please let us know if you will be using a Flexible Spending/Health Savings Account

Signature

Date