

**FRYEBURG  
CHIROPRACTIC  
CLINIC**

**PAYMENT POLICY**

**\*PAYMENTS ARE DUE AT THE TIME OF SERVICE\***

We will bill your insurance out of courtesy to you but it is your responsibility to be sure you are covered for this visit.

Payments include but are not limited to Co-pays | Coinsurance | Deductibles.  
Pre-payment transactions are considered final. Any request for refunds prior to completion of your plan of care will result in administrative fees, and all discounts will be voided.

We understand that health care fees/insurance can be confusing.  
If you have any questions please speak with a member of our office staff.  
We would be happy to assist you.

**Missed Appointment / Late Cancellation Policy**

We understand and respect that time is valuable. In order for us to maintain a certain standard of dedicated service, we ask our patients to give us **24 hours** notice if they cannot keep their reserved appointment time. This will allow us to serve all patients with the same standard of care. We understand that certain circumstances arise that are beyond your control and will do all we can to be supportive.

Missed appointments/late cancellations may incur a \$25 charge to your account.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent/Guardian/Spouse Signature Authorizing Care

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**207 935 3500**

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