



Patient Payment Plan

820 NE Northgate Way | Seattle, WA 98125

Phone (206) 440-7700

Patient Name

Date

ACCT #

OVER 40 YEARS OF SERVICE

The doctors and staff of Sound Chiropractic Center have been serving Western Washington for over 35 years. During that time they have taken care of more patients than any other chiropractic group in the Northwest. So many have been able to afford the highest quality care available because of reasonable prices and the Sound Chiropractic Center Patient Payment Plans.

A. THE PRE-PAYMENT PLAN

I, _____, would like to take advantage of a 10% bookkeeping discount by pre-paying for the next (____) treatments. The normal cost of these treatments is (\$_____). The discounted cost of these treatments is \$_____ and must be paid prior to my first treatment to qualify for the discount. In the event that any of the treatments are not taken, the unused balance will be refunded figuring the full non-discounted charge for each treatment taken.

Patient's Signature

Date

Accounts Secretary

B. THE PAY AS YOU TREAT

I, _____, would like to pay for my care as I am treated and will pay the balance of any chiropractic treatment, insurance deductible or co-payment at the end of each week of my care.

Patient's Signature

Date

Accounts Secretary

C. THE TIME PAYMENT PLAN

I, _____, will pay Sound Chiropractic Center for Chiropractic treatment and services, including the taking and/or reading of x-rays, the amount of (\$) every two (2) weeks on the () and the () of the month until my obligation to Sound Chiropractic Center for care received by me, or my family members whom I am responsible for, is paid in full.

My first payment is due on (/ /). Payments on my account are due and payable on or before the agreed upon date. I realize that three late payments can cause my balance to be due and payable immediately. I also realize that there is a finance charge of 1% per month on the balance carried over 60 (sixty) days. \$_____).

Patient's Signature

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