



## **Agreements and Authorization**

### **Payment Guarantee**

In consideration of the services provided by Range of Motion Chiropractic, provider to patient, you agree to;

1. Guarantee payment of all charges incurred by patient in connection with such services ("Patient Charges") at the time that the services have been rendered by the Range of Motion Chiropractic.
2. Irrevocably assign and transfer to the Range of Motion Chiropractic, all rights, title and interest to medical reimbursement benefits to which patient is entitled for the purpose of payment of Patient Charges.
3. Authorize payment of such benefits directly to Range of Motion Chiropractic in the case that your health insurance has been used for assigned benefits as payment for the services provided by Range of Motion Chiropractic.

You also agree to be fully responsible for the payment of any and all Patient Charges to the extent that these charges are not satisfied by the assigned benefits and the payment of any legal fees incurred by Range of Motion Chiropractic for efforts to collect any delinquent balances of aforementioned unpaid Patient Charges.

### **Responsibility of Personal Property**

You accept sole responsibility for all Patient property, except for property expressly accepted by the Range of Motion Chiropractic for safekeeping under its sole care and custody.

**Range of Motion Chiropractic will accept no revisions or changes to this form by you or your representative.**

X \_\_\_\_\_  
Print Your Name

X \_\_\_\_\_  
Signature of Patient or Responsible Party; parent, guardian or other representative

X \_\_\_\_\_  
Date