



82 Palomino Lane, Suite 501, Bedford, NH 03110
Tel: (603) 627-6381 Fax: (603) 627-6021

89 Dow Street, Manchester, NH 03101
Tel: (603) 606-4993 Fax: (603) 606-4288

Cancellation Policy

There is a \$40.00 fee for all missed or broken appointments without 24 hour advance notice.

I fully understand that I must provide 24 hour advance notice for all missed, broken or rescheduled appointments or I may be subject to a \$40.00 fee.

Patient Signature

Please Print Name

Date

Payment Policy

All co-pays and cash visits are due at the time of service.

All co-insurance and deductible payments are due upon receipt of invoice.

All orthotics and supplements are to be paid for at the time of receipt.

I fully understand that I am directly, fully and ultimately responsible to the Advanced Injury Treatment Center for payment of all professional services rendered. I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fees. In the event that my case is not settled in my favor or my insurance company denies chiropractic benefits, I must pay any balance due immediately.

Patient Signature

Please Print Name

Date