



Frank Amato, DC, DABCO
Clinic Owner
Chiropractic Orthopedist, ART Certified

Dear Patient:

Please initial after reading the following office policies:

_____ 1. We require at least 24 hours advance notice for cancellations. Our "No Show/Late Cancel charge is \$100.00. We will request credit card payment over the phone from patients who do not show for their appointment or cancel without advance notice. Credit card numbers will not be kept n file and will be disposed of in a proper manner.

_____ 2. All payments are due at the time of service.

ACKNOWLEDGMENT OF RESPONSIBILITY BY PATIENT

The undersigned accepts financial responsibility to Frank Amato, DC, DABCO for chiropractic services rendered under the terms listed above. Should the account be referred for collection or legal matters, the undersigned will pay collection, legal, and/or attorney fees and expenses.

I have read the information above and understand that I am solely responsible for payment on my account.

Signature _____ **Date** _____

Patient (parent if patient is a minor)