

# **JENKINS CHIROPRACTIC**

**Certified Applied Kinesiologist**

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## **OFFICE POLICY FOR PAYMENT OF SERVICES**

**FEBRUARY 1, 2010, THIS OFFICE WILL BE CASH ONLY.** At this time, all procedures/treatments/visits will be paid in full with cash, check, credit card, or debit card at the time of service. The prices will be posted on the front desk. As a courtesy to you, we will print your completed insurance claim form at each visit for you to mail to your insurance company. The insurance company will reimburse you their allowed amount for each procedure/treatment/visit.

**All unpaid balances which have not been paid in full after 30 days, will forced us to take further action.**

It is our goal to give a high standard of care and timely payments are the best way for us to do so. If you have any questions regarding your account or insurance, please feel free to speak with the Office Administrator.

### **PATIENTS SIGNATURE OF PAYMENT POLICY AGREEMENT:**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_