

Wills Chiropractic: A Creating Wellness Center
102 Maple Ave. Rochelle, IL 61068
815.562.5333 815.562.5833 fax

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I am aware that Wills Chiropractic: A Creating Wellness Center will prepare and file any necessary reports and forms to assist me in making collections from my insurance company. I understand that if I suspend or terminate my care, any fees for professional services rendered me will be immediately due and payable. In the event that I fail to pay the amounts when due, I understand that I will be in default of our agreement.

DELINQUENCY AND DEFAULT: I AGREE TO PAY THE COSTS INCURRED TO COLLECT THIS BILL IN THE EVENT OF MY DEFAULT IN PAYMENT, INCLUDING YOUR REASONABLE ATTORNEY'S FEES.

Signature: _____

Date: _____

**Authorization for Release of Confidential
Medical Records and/or Information**

I authorize Wills Chiropractic: A Creating Wellness Center to release any medical information or x-rays as needed to process claims for services rendered. I understand that this release is revocable at any time prior to the release of this information.

Signature: _____

Date: _____