

SCHROEDER FAMILY CHIROPRACTIC  
2535 N. Fresno  
Fresno CA 93703

I \_\_\_\_\_, agree to pay my bill in full upon receipt of settlement funds. This is regardless of settlement amount. Payment must be received within 3 working days after the claimant/patient received settlement funds. If payment is not received within 3 working days, interest will begin to be added at a rate of 15% per annum, and collection proceedings will begin. The patient will then be liable for interest and collection expenses.

Bear in mind that the patient is responsible for all bills of treatment regardless of settlement. The purpose of this document is to clarify the terms of the doctor awaiting payment till settlement. At anytime, the doctor can ask for payment in full. This is a courtesy of our office that can be revoked at any time,

Any legal costs or dispute arising out of this agreement shall be settled by arbitration, all costs to be awarded to the prevailing party.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_