



**=OFC=**

*Osborne Family Chiropractic*

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Corey A. Osborne DC, DIBAK, DCBCN, DCCN • Brandon M. Daniels DC

**Personal Injury Acknowledgment Form**

I, \_\_\_\_\_, understand that I will be responsible for all payments to OFC regarding this case and will need to collect payment from my insurance on my own. OFC will submit the case to my insurance one time and from then on, I will be responsible for all follow up and collection.

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**Billing:**

Any and all treatment that was not disclosed to OFC as a part of the PI case will not be back-billed. Some portion of the bill will need to be paid at the time of service and the patient account must stay in good standing. Good standing is defined as zero missed payments on a monthly basis. After the first payment is missed, a 9% interest fee will be applied and will continue to accrue until the monthly balance is paid in full.

**Treatment:**

The assigned Doctor will decide on a treatment plan and that plan must be followed. If the treatment is not maintained, OFC will then have the option to release the patient and no longer treat them for that particular case.

OFC will do their best to work with each patient on a case-by-case basis. If you have any questions regarding your care, please feel free to discuss them with our staff.

Thank you,

Osborne Family Chiropractic