

Dr. Fred E. Russo C.C.S.P.

Tallahassee Chiropractic Sports Medicine & Rehab Center

230 John Knox Rd #3 Tallahassee, FL 32303 Phone (850) 422-2225 Fax (850) 422-2509

Time of Service Discount Program Agreement

As a “self pay” patient, I understand I will be provided with superbills indicating the diagnosis and procedure codes and receipts for services rendered. I understand that Tallahassee Chiropractic Sports Medicine & Rehab Center will not bill any third party payers on my behalf. I accept any and all responsibilities and liabilities of submitting my own claims for reimbursement from any and all insurance companies or third party payers. I hold harmless Tallahassee Chiropractic Sports Medicine & Rehab Center from any complications that may arise in my attempts to receive compensation from any third party payer.

In addition, I will receive a 25% discount for services rendered that are paid on the same day. If no prior arrangements have been made with the office manager and I am unable to pay on the date of service, I will not receive the discount.

If Tallahassee Chiropractic Sports Medicine & Rehab Center is required to spend any time or effort in the future, in any manner, to assist me in the reimbursement process I understand additional compensation must be paid by me to the company. I will compensate for the additional times spent at the rate of \$25 per hour and \$1 per page, for medical records.

Patient Signature

Date

For Office Use Only

Witness to Patient’s Signature: _____

Date: _____