

ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF ALL POLICIES AND FORMS

By signing this document you agree that you have read all of the above forms and understand them. You agree to allow Community Chiropractic Wellness Center P.C. to debit the card you have provided for the following; No show fees/cancellation fees, products, and services rendered in our office. You agree to keep the card on file up to date in our secure system & notify the office of any changes to the account. You agree that in the event that you do not fulfill our 48 hour cancellation policy agreement you will be charged a fee no more than the visits value.

Client Signature

Date