[Date]

I, [insert patient’s name], hereby acknowledge that, for compassionate reasons, [insert your name] has agreed to reduce my fees for chiropractic care. The cost of the treatment per visit will be $ [insert amount].

This reduced fee for treatment will begin on [Insert date], and this agreement will be valid for [length of time]. After that time, this agreement will be re-evaluated by me and [insert your name].

I, [insert patient’s name], agree that the terms of this agreement are subject to my observance of the normal policies and procedures of [insert your name and clinic].

Comments:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Patient Signature |  | Date |
|  |  |  |
|  |  |  |
| Treating Chiropractor Signature |  | Date |