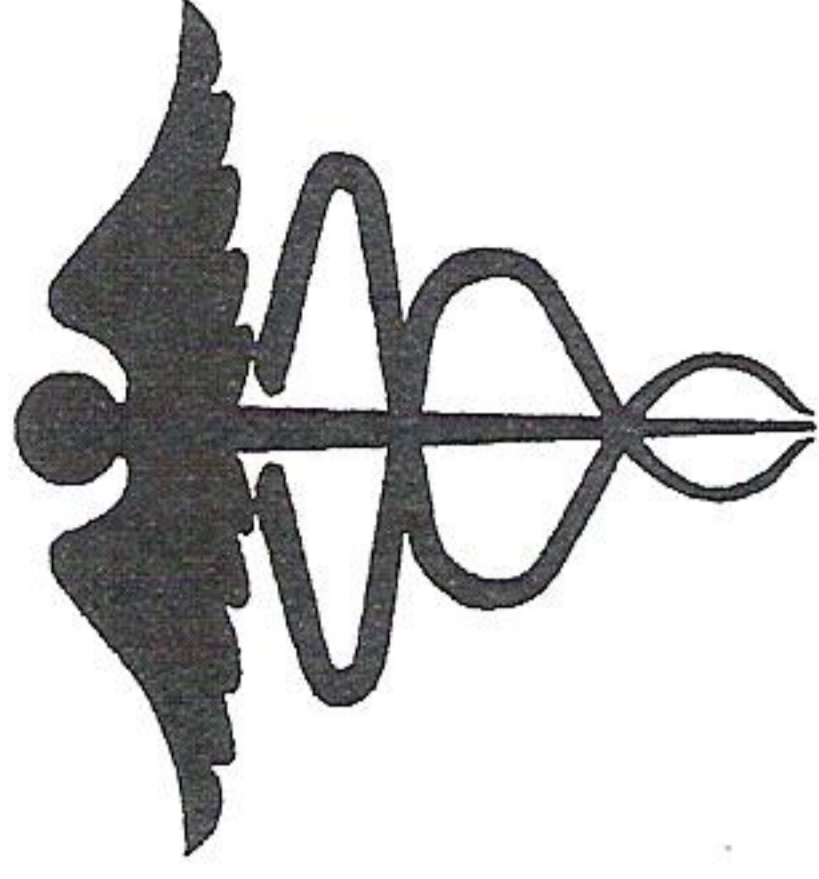


Deere Road Chiropractic, Ltd.

FINANCIAL POLICY



I have read and understand the payment policy of Deere Road Chiropractic, Ltd. I understand that my insurance is an arrangement between myself and my insurance company, NOT between Deere Road Chiropractic, Ltd. and my insurance company. I request that Deere Road Chiropractic, Ltd. prepare the customary forms at no charge so that I may obtain insurance benefits. I also understand that if my insurance does not respond within 60 days, or if I suspend or terminate my schedule of care as prescribed by Deere Road Chiropractic, Ltd. that fees will be due and payable immediately.

Patient's signature (or guardian if patient is a minor) Date

Witness

SPECIAL PAYMENT INSTRUCTIONS

Patient's Name: _____

Insurance Deductible: _____

Deductible as yet unsatisfied: _____

Co-Insurance Percentage: _____

Chiropractic care is covered under many insurance plans. Most of our patients that have health or accident insurance will fall under one of the plans discussed in this policy. We ask that you read and understand our policy as it applies to your particular situation.