
CONTRACT

We are pleased that you have chosen Arkansas Center for Physical Medicine & Rehabilitation (**APMR**) for your healthcare needs. We look forward to seeing you. In consideration for our agreement to provide Medical and Chiropractic services to you, you agree to the following terms of contract:

1. Each account will be paid in full after services are rendered, unless other arrangements have been made with APMR.
2. You agree to pay for any and all services in the event that the insurance states the service is “not covered.”
3. At anytime during the course of care, if your insurance benefits are exhausted, you agree to set up satisfactory payment arrangements with APMR for the remaining balance on your account.
4. In the event that you do not pay your account as agreed, and the account is turned over for bad debt collection, you agree to be responsible for all cost of collecting your account. In order for APMR to receive 100% of charges for services rendered APMR will add 50% collection fees, mailing fees, court cost, & attorney fees to the balance of the delinquent principle owed.
5. All pre-paid packages are non-refundable. In order to offer these reduced prices on packaged time, we are not able offer refunds. Should you not use all of your packaged treatment it could be shared with another person such as your spouse, child or friend. It could be gifted or purchased by another person should you desire. You may also utilize the unused balance towards any other services in our clinic, other than the services performed by Melissa Allen.
6. In the event you are unable to make an appointment, a 24-hour notice is required. You agree to pay a missed appointment fee should a 24-hour notice not be given.
7. You agree that in the event suit must be brought to collect this account, the proper jurisdiction and revenue for such suit will be in Pulaski County, Arkansas.
8. You agree that APMR or its agents may request information from credit reporting agencies for all purposes it deems necessary in order to collect your account.

Patient's Signature

Date

APMR Witness

Date

THIS IS A LEGALLY BINDING CONTRACT. CONTACT AN ATTORNEY IF YOU DO NOT UNDERSTAND ITS TERMS.

Patient ID#: _____