

Today's Date: _____

Request for Financial Assistance

by

(Patient's Name)

In as much this patient has expressed a strong and willing desire to receive care at this office, and that current circumstances exist which greatly restrict their ability to pay the practice's standard fees for services and/or any co-pays and/or deductible amounts. Bavarian Chiropractic clinic agrees to temporarily waive the patient's obligation to pay that portion they would otherwise be contractually or legally bound to pay for the following services:

Reason for financial hardship:

If, however, future discussion regarding their financial situation reveals that Mr./Ms. _____ circumstances have improved enough to enable them to assume a greater portion of their payment responsibility, the practice will immediately amend this agreement.

Approved by: _____ **Date:** _____

I understand that if my financial status or my ability to pay improves for any reason, the services rendered from that time forward will be based on the practice's 'Standard, Usual, Customary' fees.

Patient's Signature _____ Date: _____

Patient's Name _____ DOB: _____

HR# _____