

**Dr. Patricia Lotufo**  
**Linea Chiropractic Center**  
**7730 Herschel Ave. unit K**  
**La Jolla, Ca. 92037**

## **PATIENT FINANCIAL AGREEMENT**

Welcome!

Thank you for coming to LCC where we provide the ultimate in chiropractic health care.

It is our office policy to maintain your account on current basis. Charges for treatment Are **DUE** and **PAYABLE** at the time service is provided, unless other arrangements have been made. We ask that you may payments on a **PER VISIT BASIS**. If you accrue a balance, it is also understood that you are responsible for any collection cost incurred.

We appreciated your business and promise to provide the highest quality in health care. If you have any questions, please feel free to ask at any time!

### **CANCELLATION POLICY:**

Please be kind enough to give us 24-hour notice if you must change or cancel your appointment. Our office policy requires a cancellation fee of \$20 if adequate notice is not given.

I have read and agree to the above.

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Patient's Signature

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Date