

*Whole Health Chiropractic*  
3930 Naaman School Road  
Suite B  
Garland, TX 75043  
972-530-2273 Fax 972-530-2608

## SERVICES RENDERED AGREEMENT

I fully understand that I am directly and fully responsible to said doctor for all medical bills submitted by Whole Health Chiropractic for services rendered and that this agreement is made solely for said doctor's protection and in consideration of Whole Health Chiropractic awaiting payment. I further understand that such payment is not contingent on any settlement, judgment, or verdict by which I may eventually recover.

I have been advised that if I do not wish to cooperate in protecting the doctor's interest, the doctor will not await payment but may declare the entire balance immediately due and payable by me.

*Please acknowledge your agreement to this request by signing below and returning it to Whole Health Chiropractic.*

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*Date*

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*Patient's Signature*