



Resolved to Better Health  
**RESOLUTION**  
CHIROPRACTIC, P.C.

7300 METRO BOULEVARD SUITE 145 EDINA, MN 55439  
PHONE: (612) 408-9535 WWW.RESOLUTIONCHIROPRACTICMN.COM

**Patient Information**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

**Resolution Chiropractic Policies**

**Payment:**

Payment is due at the time of service or purchase of product. RC accepts cash, checks (made payable to Resolution Chiropractic), Visa, MasterCard, and Flex Spending/HSA cards. Payment Plans are available.

The card listed below will be charged for any balance due.

**Payments made ON DAY OF SERVICE will be entitled to a Day Of Service Payment Discount. Thank you!**

**Cancellation Policy:**

RC understands that from time to time there may be conflicts with you schedule. We request that you notify us 24 hours prior to your appointment if you need to cancel or change an appointment. You will be responsible in full for the charges of the appointment with less than 24-hour notice.

**Payment Plan:**

The Card listed below will be charged according to the following policy until the balance due is satisfied:

- For balances from \$200-\$500, minimum payment of \$250 per month or remaining lesser balance
- For balances from \$501-\$1000, minimum payment of \$350 per month
- For balances from \$1001 and above, minimum payment of \$500 per month

\*Please note that all balances remaining beyond 120 days will accrue a finance charge of 10% per month. Balances less than \$200 are not eligible for payment plans. Payment is due at the time of service or purchase.

**Payment Information:**

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

I understand that I am responsible for any unpaid balances and that my signature authorizes the above release and the use of my payment information to satisfy fees for products and services billed to myself. I have read and understand this statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_