



HEAD AND NECK PAIN CENTER

Where you finally find relief

205 W. Randolph Suite 1800 • Chicago, IL 60606 • Fax: 312-920-9020
Call: 312-920-0505 • www.HeadandNeck.com

PATIENT:

All Payments are due to this office directly from the patient at the time of service.

This office will not accept assignment from insurance companies.

This office will make reasonable efforts to help the patient receive proper claims from his/her insurance company.

If after one month of treatment (4 weekly visits after initial placement of splint) the patient shows no signs of progress and desires to discontinue treatment, this office will discontinue treatment and refund all monies paid with respect to this treatment with the exception of \$250.00. This refund applies to fees generated by treatment only. It does not apply to fees for diagnostic visits or to fees for x-rays or diagnostic tests whether done by this or any other office.

This offer is only valid if the conditions set forth below have been fully complied with.

CONDITIONS:

1. This option can be exercised on the fourth weekly visit after placement of the splint only.
2. Orthotic is totally paid for at time of insertion.
3. Patient has worn the splint continuously except for brushing teeth.
4. Patient has followed all of the instructions issued by the office.
5. Weekly visit fees have been paid at the time of treatment.
6. Patient has no balance for any treatment on his/her account.
7. Patient returns the splint to the office at the final appointment visit.

Patient

Date

Witness (Authorized Staff Member)

Date