



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.

If after one month of treatment (4 consecutive weekly visits after initial placement of splint), the patient shows no signs of progress and desires to discontinue treatment, the office will discontinue treatment and refund fifty percent (50%) of all monies paid to it with respect to this treatment. This refund policy does not apply to fees for diagnostic visits or to fees for x-rays or other 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 only on the fourth consecutive weekly visit after placement of the splint unless otherwise approved by the doctor in writing.
2. Patient has worn the splint continuously except for brushing teeth.
3. Patient has followed all of the instructions issued by the office.
4. Splint was totally paid for at the time of insertion.
5. Weekly visits have been paid for 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