**Patient Liability Agreement**

I understand that I am financially responsible for all bills of Paul Bizzaro, D.C. In the event that my account is not paid, I shall be liable for any and all costs of collection, including, but not limited to an additional 33.33% fee if my account is forwarded to WJG Collection Agency, Inc. for attorney’s fees plus court costs. Further, there will be a 2% annual finance charge on all accounts plas due at least 30 days.

By signing below, I hereby indicate that: 1) I have read this contract, 2) I understand the terms of this contract and 3) I agree to the terms of this contract.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient

Updated 12.18