

LETTER OF NO ACCIDENT OR INJURY

I hereby state with my signature that I was not involved in any auto accident, did not slip and fall, and did not sustain a work injury. My treatment is in no way associated with any 3rd party, and no other party is responsible or liable for the cost of my treatment. I, _____ understand that if I am delinquent on my obligation to pay A Better Life Chiropractic, then I will be responsible for any late fees, interest charges, court costs, attorney fees, and collection charges should the balance not be paid in due diligence.

Please process and pay all claims immediately to:

John S. Smith, D.C.
A Better Life Chiropractic
9882 Colerain Avenue
Cincinnati, OH 45251

Patient's signature

Today's date: ___ / ___ / ___

Patient's PRINTED name