**REQUEST FOR FEE CONCILIATION**

I, the undersigned, (name and address)

personally (or on behalf of \_\_\_\_\_\_\_\_\_\_\_\_, as stipulated in the attached authorization) request that the syndic of the Ordre des chiropraticiens du Québec (OCQ) proceed with a fee conciliation under the Regulation respecting the conciliation and arbitration procedure for the accounts of members of the Ordre des chiropraticiens du Québec, a copy of which I have received and read. Under oath, I hereby declare:

* + that I have paid the amount of $ ………… to ……………, D.C.

or

* + that (name of chiropractor), D.C., is claiming the amount of $ ……

for professional services rendered between ………… and ………………, as stipulated in the statement of account, a copy of which is attached.

* + I am requesting the reimbursement of all amounts that may be owed to me: $………….

or

* + I refuse to pay this account for the reasons specified in the letter attached to this request

but

* + I recognize that I owe the amount of $ ………… for the professional services rendered.

Signature Date

This document is an example of a request for conciliation.