



**AGREEMENT** entered into on \_\_\_\_\_  
in the city of \_\_\_\_\_

**BETWEEN** Dr. \_\_\_\_\_, Chiropractor\*  
having a practice at \_\_\_\_\_  
in the city of \_\_\_\_\_

Hereafter referred to as "the Chiropractor"

and (name) \_\_\_\_\_  
domiciled at \_\_\_\_\_

Hereafter referred to as "the Patient"

## WHEREAS

- A. The Patient wishes to receive chiropractic care after being diagnosed with \_\_\_\_\_  
\_\_\_\_\_ ;
- B. The Chiropractor finds that the patient's condition will likely require treatment involving \_\_\_\_\_ visits over a period of  
approximately \_\_\_\_\_ weeks;
- C. The treatment objectives are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. The Chiropractor wishes to facilitate the Patient's access to chiropractic care by allowing him/her to pay his/her chiropractic fees  
in installments, in accordance with the conditions set out in this agreement.

Initials: \_\_\_\_\_  
Patient                                  Chiropractor



## THE PARTIES AGREE AS FOLLOWS:

1. The Patient undertakes to pay the Chiropractor the fees for services rendered, in accordance with the rates specified in APPENDIX A of this agreement;
2. The Chiropractor agrees that the Patient will pay \$ \_\_\_\_\_  per week  per month, until full payment for services rendered has been made;
3. The Patient undertakes to pay to the Chiropractor the amount provided for in paragraph 2 every  Monday  Tuesday  Wednesday  Thursday  Friday  \_\_\_\_ day of the month, until full payment has been received;
4. An annual interest rate of \_\_\_\_ % calculated monthly will be added to any arrears;
5. This financial agreement extends over a period of \_\_\_\_\_  weeks  months;
6. It is understood that the Patient may terminate treatment at any time, without penalty; however, the Patient undertakes to pay the Chiropractor the scheduled installments on the days/dates mentioned in paragraph 3 until full payment for services rendered has been received.
7. It is also understood that the Chiropractor may terminate the Patient's treatment on any reasonable grounds, as provided for in section 49 of the chiropractors' Code of ethics;
8. A patient who has a dispute with the Chiropractor concerning the amount of an unpaid account for professional services may file a written application for conciliation with the syndic of the Ordre des chiropraticiens du Québec, in accordance with the provisions of the Regulation respecting the conciliation and arbitration procedure for the accounts of members of the Ordre des chiropraticiens du Québec, which can be consulted on the OCQ website at [www.ordredeschiropraticiens.ca](http://www.ordredeschiropraticiens.ca);
9. The Patient declares that he/she has clearly understood the content of this agreement and received all the information relevant to the subject.

IN WITNESS WHEREOF, THE PARTIES HAVE SIGNED ON \_\_\_\_\_

\_\_\_\_\_  
PATIENT

\_\_\_\_\_  
CHIROPRACTOR

\_\_\_\_\_  
WITNESS



# Appendix A

FEE SCHEDULE

Physical exam: \_\_\_\_\_

X-rays: \_\_\_\_\_

Follow-up exam: \_\_\_\_\_

Adjustment: \_\_\_\_\_

Additional treatment: \_\_\_\_\_

Other: \_\_\_\_\_

Initials: \_\_\_\_\_  
Patient                                  Chiropractor