



# CHIROPRACTIC AND SPORTS INJURY OF NORTH FULTON

DR. MARK J. CASERTANO, C.C.S.P., D.I.C.P.A., A.T.C. (L)

11180 STATE BRIDGE ROAD, SUITE 201  
ALPHARETTA, GEORGIA 30022  
PHONE 770. 740. 1255 FAX 770. 740. 1353

## Patient Financial Responsibility Agreement

I \_\_\_\_\_ hereby acknowledge that I am entirely  
(Print Name)  
responsible for any balance due on my account with Chiropractic & Sports  
Injury of North Fulton. I understand payments are due at the time service is  
rendered. Upon completion of my care plan, if there is a remaining balance,  
payment is due in full at that time. If requested, our office will be more than  
happy to make financial arrangements to satisfy your debts.

\_\_\_\_\_  
(Patient/Guardian Signature)

\_\_\_\_\_  
(Date)