



Boulder Therapeutics, Inc.

Financial Agreement

Please read this agreement carefully. We will be happy to answer any questions you may have.

I, _____ (client), understand that my worker's compensation insurance is an agreement between me, my employer and the insurance company.

I understand that Boulder Therapeutics, Inc. will assist me in billing my insurance carrier and I assign payments to be made on my behalf to this provider for any services furnished to me.

I further understand that Boulder Therapeutics, Inc. has a 24-hour cancellation policy and missed treatments cannot be charged to your workers comp insurance. Unless other payment methods are arranged, I authorize Boulder Therapeutics, Inc. to charge my credit card \$85 (or \$120 for our Injury Specialist) for any cancellation(s) outside of this timeframe.

I have read and understand this financial agreement.

Signature: _____

Date: _____

Credit Card Number: _____ Exp. Date: _____ CVV: _____

Name of Cardholder (as it Appears on the Credit Card): _____