

**Health Clinic of Southern California
17337 Ventura Boulevard Suite 203
Encino, CA 91316
(818) 990-5321**

Date:

Account Billing Agreement

I (_____), hereby agree that all billing that has been billed to my personal or group health insurance by The Health Clinic of Southern California is accurate to the best of my knowledge. I do not wish to object in any way to the billing on my account thus far and if an issue may arise I also agree that I will first contact The Health Clinic of Southern California to try to resolve the dispute before contacting any Third Parties. By signing this contract I am agreeing to adhere to the Terms of this Agreement.

Patient

Date: _____

Health Clinic of Southern CA

Date: _____