

CHECK PAYMENT FORM

Please complete all sections. If you need to cancel this payment, please contact us within twenty-four hours of mailing the payment. We will not be able to cancel the payment once the check is deposited.

Patient Information (if paying for multiple accounts, please list all names and amounts)
Name:
Amount enclosed:

.....
Please mail to:

Williams Chiropractic
14101 S. MurLen Rd.
Olathe, KS 66062