Well Family Care Corporation

6505 Rosemead Blvd Ste 200, Pico Rivera, CA 90660

15338 Central Ave., Chino, CA 91710

Phone: (626)886-7106; Fax: (626)295-2502

E-mail: Wellfamilycarecorp@gmail.com

Agreement

I understand my insurance coverage is limited, such as one symptom treatment in a visit per day. I am responsible for the charges not paid by my insurance whenever my insurance coverage does not meet my need of treatment for my multiple symptoms and areas. The payment is paid by the service day and it is non-refundable.

Signature:_____ Date:_____