



◇ Dr. Julian Chipley ◇ Dr. Melissa McMillen

409 N Kanawha St
Beckley, WV 25801
Phone: (304) 252-0200
Fax: (304) 252-0256

BeckleyBack.Com

Office@WhiplashPro.com

Established 1995

Re: Corporate Account for Occupational Services

The Following Business wishes to set up an account for payment of Employment related services with Chipley Chiropractic PLLC.

Business Name:

Mailing Address:

Designated Employee Representative:

Fax:

Email:

(Please **Circle Choice** of Fax or Email of Results)

I, the undersigned, am an agent/ employee of the above listed company. I have the authority to authorize payment for DOT services performed at Chipley Chiropractic, PLLC. I further agree to pay for any associated reasonable and necessary DOT fees performed by Chipley Chiropractic. I understand that payment of exam does not guarantee passing of the exam and that I / the company is still responsible for the exam fee should an employee not be deemed medically fit. Finally, I agree that I/ the company will pay Chipley Chiropractic within 28 days of receipt of billing statement.

Signed by: _____

Title: _____

Date: _____