Equilibrium Limited
Rosebank Building, 3rd Floor
12 Bermudiana Road
Hamilton HM 11
Bermuda

Tel: (441) 400 7001
Fax: (441) 400 7001
info@equilibrium.bm
www.equilibrium.bm

TERMS OF BILLING

INSURANCE DETAILS
Insurance Company:
Group number
Client Number:

BILLING INFORMATION
Name of person responsible for payment:
Preferred Billing Method:

- Online
- Cash
- Cheque
- Debit card/Credit card

By signing this document I agree to prompt reimbursement for all services rendered by Equilibrium Bermuda. I understand and agree that if payment is not received within 30 days my debit/credit card will be charged.

Debit/Credit card #: **Expiry date:**

By signing this document, I understand that appointments must be cancelled with a minimum of 24 hours notice. If less notice is given I am required to pay for the missed appointment in full.

Print Name of Client/Responsible person:_______________________________

Signature of Client/Responsible person: _______________________________
Date: