BASARICH CHIROPRACTIC, INC.
151 N. Sunrise Ave., Suite 1014
Roseville, CA 95661

FINANCIAL POLICY (N)

All patients are expected to pay for their care at the time of visit. *(Please do not ask for special exceptions).* Payments can be made by cash, check, debit or credit card. Use of debit or credit card includes a surcharge fee.

Our services and associated costs are listed below:

DESCRIPTION	Office Fee - Discounted (Payment type: Cash/Check)	Office Fee (Payment type: Debit/Credit Card)
INITIAL VISIT		
• Cervical Cone Beam Computed Tomography (CBCT) (Pay directly to imaging center) *	$220	$220
• CBCT Analysis	$149	$154
• Physical Exam	$105	$108
• Adjustment	$77	$79
Chiropractic Services Sub-Total	**$331**	**$341**
Physical Exam		
• Initial History and Exam	$105	$108
• New PI (for existing patient) - Exam	$99	$102
OFFICE VISIT	$77	$79
Emergency or Home Visit	$220	$227
Consultation	$55	$57
Trigger Point Therapy	$44	$45
Physical Re-exam	$88	$91
Retake of CBCT (Pay directly to imaging center) *	$160	$160
Copy & mailing of records for patients	$44	$45
Final Reports to Attorneys and Insurance Companies	$330	$340

**May be subject to change at the discretion of the imaging center (ddi)*

INSURANCE BILLING:

- Basarich Chiropractic, Inc. is a cash practice. Therefore, it is the responsibility of the patient to bill their respective health/auto insurance companies.
- We will provide a receipt for you to bill your own insurance. If you want to bill insurance, corporate flex-plans or corporate reimbursement plans, ask for receipts for each visit.
- We do not provide reports for insurance companies. Your insurance company must send a copy service to copy your file.

A $20 dollar fee per visit will be applied for payments not made at the time of service.

I have read and understood my responsibilities regarding payments for services rendered.

Printed Name: ____

Signature: ____ Date: _____________________