

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

**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) *	\$195	\$195
• CBCT Analysis , Physical Exam, Adjustment	\$300	311
Physical Exam		
• Initial History and Exam	\$95	\$98
• New PI (for existing patient) - Exam	\$90	\$93
OFFICE VISIT	\$70	\$73
**Emergency or Home Visit**	\$200	\$207
Consultation (will be included in cost of Initial Visit)	\$50	\$52
Trigger Point Therapy	\$40	\$42
Physical Re-exam	\$80	\$83
Retake of CBCT (Pay directly to imaging center) *	160	\$160
Copy & mailing of records for patients	\$40	\$42
Final Reports to Attorneys and Insurance Companies	\$300	\$310

*\*May be subject to change at the discretion of the imaging center*

**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 \$15 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: \_\_\_\_\_