

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.

Our services and associated costs are listed below:

DESCRIPTION	Service Fee	Service Fee (Cash Discount)
INITIAL VISIT		
• Cervical Cone Beam Computed Tomography (CBCT) (Pay directly to imaging center)	\$195	n/a
• CBCT Analysis , Physical Exam, Adjustment	\$245-\$260	\$235-\$250
Physical Exam		
• Initial History and Exam	\$83 - \$114	\$80 - \$110
• New PI (for existing patient) - Exam	\$78	\$75
Adult		
• Office Visit	\$57	\$55
Children (15 y.o. and younger), Seniors (65 y.o. and older, College student, and Military)		
• Office visit	\$42	\$40
Emergency or Home Visit	\$155	\$150
Re-exam	\$67	\$65
Retake of CBCT	\$160	n/a
Copy & mailing of records for patients	\$26	\$25
Final Reports to Attorneys and Insurance Companies	\$103	\$100

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: _____