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	Service Fee - Discounted (Payment type: Cash/Check)	Service 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	$255-$270	$265-$280
Physical Exam		
• Initial History and Exam	$85 - $115	$88 - $119
• New PI (for existing patient) - Exam	$80	$83
Adult		
• Office Visit	$60	$62
Children (15 y.o. and younger), Seniors (65 y.o. and older, College student, and Military)		
• Office visit	$45	$47
Emergency or Home Visit	$155	$160
Re-exam	$70	$73
Retake of CBCT (Pay directly to imaging center)	160	$160
Copy & mailing of records for patients	$30	$31
Final Reports to Attorneys and Insurance Companies	$150	$155

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: _____