

**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 or check.

Our services and associated costs are listed below:

DESCRIPTION	Service Fee
All Patients <ul style="list-style-type: none"> • Cervical X-ray Series • Initial History and Exam • New PI (for existing patient) - Exam 	\$175.00 - \$315.00 \$80.00 - \$110 \$75
Adult <ul style="list-style-type: none"> • Office Visit 	\$55
Children (under 16 y. o.), Seniors (65 y. o. and older, college student, and in the Military) <ul style="list-style-type: none"> • Office visit 	\$40
Emergency or Home Visit	\$150
Re-exam	\$65
Re-X-rays	\$35/view
Copies of X-rays	\$10/view
Copy & mailing of records for patients	\$25
Final Reports to Attorneys and Insurance Companies	\$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: _____