

STEVEN WASSERMAN, R.N., D.C. 3772 KATELLA AVE., STE. 100
LOS ALAMITOS CA 90720 (562) 430-4949 www.adjustm.com

CASH FINANCIAL POLICY

Dear New Patient,

Please be advised that our financial policies take into account the requirements of the Insurance Companies, California Insurance Commission, and the ever-changing needs of this practice. Our charges for chiropractic services rendered are exactly within the medical fees of Southern CA.

FEES

Initial consultation, exam, adjustment, x-rays, and PT: \$175.00

Initial consultation, exam, adjustment, and PT: \$100.00

Initial consultation and exam only: \$100.00

Adjustment and PT: \$55.00

Adjustment/thermal pack: \$40.00

Patient not seen > 90 days; consultation, re-exam, adjustment, and PT: \$75.00

X-rays: \$75.00-\$150.00

Supplies: separate charge per item

PT=electrical stimulation, manual traction, laser, ultrasound, thermal pack

OFFICE POLICY: OUR OFFICE DOES NOT BILL REMAINDER OF BALANCES DUE. ALL FINANCIAL MATTERS WILL BE HANDLED AT TIME OF SERVICES RENDERED.

THREE PAYMENT OPTIONS ONLY:

1. **CASH** (Please ask about our discount programs)
2. **PAYMENT WITH CHECKS:** If you choose to pay with a check, it is our office policy that a copy of your credit card be left on file. If a check bounces, your credit card will be automatically charged the amount of check plus a \$25.00 bounced check fee, no exceptions. We will send you notification that your credit card has been debited. No checks under \$20 will be accepted.
3. **VISA, MASTER, AND DISCOVER CARD.** *Please note that this office does not bill remainder of balance due. All financial matters are handled at time of service. If payment is not received or other arrangements have not been made, your credit card will be charged within 5 working days of date of service.

I have read the above, and agree to the terms of this office's policy.

Signature _____ Date: _____