

Michael Goldman, D.C.

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FINANCIAL POLICY

Thank you for choosing us as your Chiropractic health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial policy, which we require you read and sign prior to any treatment.

Adult Patients

Adult patients are responsible for payment at time of service. It is requested that 100% of your first visit be paid at the time of your visit.

After payment for the initial visit, you will only be responsible for:

1. Deductible
2. The Co-pay
3. Any service your insurance does not cover.

Fees

Comprehensive Initial History and Examination	\$150
Chiropractic Adjustment	\$50
Myofascial Release/Trigger point (approx 15 min.)	\$50
Ultrasound Therapy	\$40
Electrical Stimulation/Inferential Therapy	\$40
Therapeutic Exercise/Stretching/Rehabilitation	\$45

Service Charge and Re billing Fees

Any account not paid in full at the time services have been started, will be subject to a 2% service fee per month on any portion of the month thereof. If the account is not paid in full within 30 days of the initiation of treatment, it may also be subject to a \$10.00 re billing fee.

Missed Appointments and Fees

Unless canceled at least 24 hours in advance, our policy is to charge for missed appointments, barring emergencies (illness, earthquake, fire, flood, riot), at a rate that directly reflects the amount of time reserved for treatment.

In the event of a default of payment, you will be held responsible for collection costs and/or reasonable attorney fees. Please sign below indicating you read, understand and agree to this Financial Policy.

Signature X _____ DATE _____