

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

**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, PT, and x-rays: \$150.00**

**Initial consultation, exam, adjustment, PT: \$75.00**

**Adjustment and PT: \$45.00**

**Adjustment with or without hot pack: \$30.00**

**Patient not seen > 1 year; consultation, exam, adjustment, and PT or hot pack: \$60.00**

**X-rays: \$75.00**

**Supplies: separate charge per item (PT=electrical stimulation and /or ultrasound)**

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

**THREE PAYMENT OPTIONS ONLY:**

1. **CASH** (Please ask about our discount program “purchase 10, and receive 12.”)
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.
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.

Date: \_\_\_\_\_

Signature

Printed name

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