OFFICE FINANCIAL POLICY

LOGAN C. READING CHIROPRACTIC
435 Center St, Yuba City, CA 95991
PH: 530.673.9140 FAX: 530.673.9148

In our continued commitment to provide the highest quality chiropractic care available to all of our patients and to have those services comfortably affordable, we are pleased to offer you these options for payment. ***Please check one of the following:***

[ ] **PERSONAL CREDIT CARDS**	[ ] **PREPAYMENT**
[ ] VISA [ ] Discover [ ] MasterCard [ ] American Express	We are happy to offer a 5% discount for services over $300 when prepaid in full upon scheduling your appointment.

We are pleased to offer a financing option which is administered for us by
[ ] CARECREDIT
Please ask our administrative staff for details and credit application

We are committed to support you in understanding your chiropractic health, so that you will always be able to make the best choices.

We will, as a courtesy, process your insurance benefits in our office, which will relieve you of this time consuming and sometimes-complicated task.

I agree that I am fully responsible for the total payment of all procedures performed in this office – this includes any treatment that is not a benefit of any chiropractic insurance that I may have. I understand that all services are due to be paid in full sixty (60) days of the date of service, regardless of whether or not my insurance benefits have been received. One and one-half percent (1.5%) per month interest (18% per year) will be charged on accounts 60 days from treatment date.

MISSED APPOINTMENTS

Appointment times are reserved especially for you. If for any reason you should need to change your appointment including massage, there will be no charge, provided you give us 24-hour notice. **For a missed massage appointment there will be a thirty (30) dollar charge.** Please help us serve you better by keeping your scheduled appointments.

We are here to assist you in any way possible. Please make your questions and concerns known to our team…Our goal is to ensure that you have an outstanding experience.

Signature (Responsible Party) Date