



Dr. Carisa S.E. Novak D.C, C.A.d
Doctor of Chiropractic / Certified Addictionologist

FINANCIAL AGREEMENT

We would like to take a moment to welcome you to our office and to assure you that you will be receiving the very best care available for your condition. To familiarize you with the financial policy of our office, we would like to explain how your medical bills will be handled.

Payment Arrangements & Charges

It is our policy in this office to maintain your account on a current basis. Charges for treatment (and supplements) are due at the time the service is provided. We ask that you please make payments on a per visit basis. If you should choose to suspend or terminate your care, any outstanding fees for professional services rendered to you will be immediately due and payable.

New Patient Ages: 0-12= \$50 13-64= \$75 Active Military & 65+ = \$65

Established Patient Ages: 0-12= \$30 13-64= \$50 Active Military & 65+= \$40

(Saturday's by Appointment only in our Ojai office. New Patient = \$115 Est. Patient = \$65)

Payment Options

_____ Initial

We accept: Cash, Checks (\$30 charge for any bounced checks), HSA, Debit and all major Credit Cards (NO AMERICAN EXPRESS)

We are not contracted with any insurance companies, therefore we are "Out Of Network." Itemized statements will be provided per patient request. No Insurance billing will be processed unless otherwise discussed with our Office manager.

_____ Initial

Cancellation Policy

The nature of our practice is to give our patients the utmost in care and service. We ask that you please give a 24 hour prior cancellation of all appointments at Boshoff Novak Chiropractic. Failure to do so will result in a \$25 charge. Payment will be due before another appointment can be scheduled. This allows us to provide the best care possible to all of our patients in a timely manner.

_____ Initial

We hope that this has answered any questions you might have regarding your financial arrangements. Once again, we would like to welcome you to our office. If, at any time, you have any questions about your case, please don't hesitate to ask.

I have read and I agree to the above.

Patient/Parent Signature _____

Date _____