FAYE CHIROPRACTIC
10801 National Blvd., Suite 340
Los Angeles, CA 90064
310) 470-1225

Heather B. Faye, D.C.

FEE & CANCELLATION POLICY

Dear Patient,

Before beginning treatment, we would like you to understand our office policy regarding payment for services rendered.

Patients with or without health insurance should know that **ALL SERVICES RENDERED ARE CHARGED DIRECTLY TO THE PATIENT WHO IS PERSONALLY RESPONSIBLE FOR DIRECT PAYMENT AT THE TIME THOSE SERVICES ARE RENDERED.**

Patients with health insurance will be given a completed AMA "super-bill" indicating the services performed by the doctor, and your particular diagnosis, etc. You then can submit this form directly to your insurance company along with one of your insurance company's forms. Simply fill out the information on your insurance company's form (many forms can be downloaded from online), and in the section where it asks for any services or codes, simply write in "SEE ATTACHED" and make sure you attach the copy of the super-bill we give you at the front desk after you have paid for your treatment. Your insurance company will reimburse you directly* in accordance with its fee policies. Our Patient Care Services Manager may be able to assist you with any questions you may have.

MASSAGE:
All patients who schedule for massages are also required to pay at the time of the visit.

CANCELLATIONS AND SCHEDULE CHANGES:
Our office has a 24-hour cancellation policy. Less than 24 hours' notice will result in a cancellation fee of: 50% of the massage appointment and FULL COST of the chiropractic office visit. We understand that many circumstances are out of our control, and are generally flexible for same day re-schedules, providing there is space available.

I understand and agree to abide by the fee & cancellation policy presented above:

_____
Patient Name

_____ _____
Patient Signature Date

*Make sure you DO NOT check the box or sign the section on "assignment of benefits," if you check that box the payment will be made to the doctor. _____ (initial here)