

Spine and Sportcare Associates

585 Dowling Blvd. San Leandro, CA 94577-1905

Phone: 510-346-0711 Fax: 510-346-0717

Office Policy

INSURANCE ACCEPTANCE

Should we agree to bill your insurance for you, please understand that this is done as a courtesy and it is not our responsibility to pursue payment of your account. We will be happy to furnish information and answer all inquiries directed to us from your insurance company.

Please note: American Specialty Health (Kaiser, Kaiser Senior Advantage, Blue Cross, Aetna, Blue Shield, HMO) **only** covers your initial evaluation, follow up evaluations, needed x-rays, and the chiropractic adjustment. We provide myofascial release therapy, rapid release therapy (which helps with pain relief, range of motion restoration and can relieve tension caused by scar tissue), therapeutic exercises, stretching, ice/moist heat. Your treatment provider may recommend this treatment to you. Should you continue to receive these therapies with your treatment there will be an additional **\$24** charge in addition to your chiropractic copay. If you do not wish to continue to receive these therapies please let us know before receiving your treatment, otherwise it will be considered that you consent to this service and be billed accordingly.

INITIALS _____

RETURNED CHECK POLICY

Payments made by check to this office that are not honored by the bank will incur a returned check fee of \$30.

INITIALS _____

APPOINTMENT CANCELLATION

If you're unable to keep your scheduled appointment time, please notify our office within 24 hours. You will be charged a \$25 fee for missed appointments not cancelled.

INITIALS _____

I understand and accept the above information.

Signature of Patient (or Guardian)

Date

