

OUR FINANCIAL POLICY

Thank you for choosing Dr. Suzanne Schiller, D.C. as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our financial policy, which we require you read and sign prior to any treatment.

Full payment for your office visit, phone consultation, lab tests or supplements is expected at time of service. Credit card payments will be processed the same day of your appointment. If test kits or supplements are ordered for pick-up or drop-ship, you will be charged the day they are ordered.

Supplements are nonrefundable. Unopened lab test kits may be returned, for credit only, within 14 days. All sessions within a Series must be used within 6 months of purchase; unused sessions are non-refundable and non-transferrable.

We do not accept insurance; however, you can submit your patient statement to your insurance carrier. Upon request, we will give you a Superbill with all codes and instructions necessary for insurance filing. It is your responsibility to communicate with your insurance company; we do not assist with insurance claim resolution or respond to insurance carrier requests for additional information.

Fees

Chiropractic Initial Visit (60 min./90 min.)	\$150/ \$195
Chiropractic Follow-up Visit (25 min./45 min./60 min.)	\$85/ \$125/\$150
Functional Medicine Intake Consultation (75 min.)	\$295
Ongoing Care Consult (Office Visit or Phone Appointment) {per 15 min.}	\$50
ATMAT or Holistic Pelvic Care Initial Visit (75-90 min.)	\$195
ATMAT or Holistic Pelvic Care Follow-up Single Visit (60 min.)	\$150
AMAT or Holistic Pelvic Care Series Visit (Bundled Visits in Series of 3 +)	\$130
ATMAT or Holistic Pelvic Care Series (Initial + 3 Follow-up Appointments)	\$585

Lab Test Fees (CA sales tax included)

201 FUNCTIONAL ADRENAL STRESS	\$195
205 FUNCTIONAL ADRENAL STRESS + 5 HORMONE	\$280
208 EXPANDED PREMENOPAUSE PROFILE (>24 Day Cycle)	\$360
209 FEMALE HORMONE BASELINE CHECK	\$180
401-H GI PATHOGEN + H. PYLORI	\$375
0091 ORGANIX COMPREHENSIVE	\$395

Service Charge and Rebilling Fees

Any account not paid in full will be subject to a 2% service fee per month on any portion of the month thereof. If the account is not paid in full within 30 days of the initiation of treatment, it may also be subject to a \$10.00 rebilling charge.

In the event of a default of payment, you will be held responsible for collection costs and/or reasonable attorney fees.

Missed Appointments and Fees

Full payment is required if you cancel or reschedule your appointment with less than 48 hours notice. These charges will be your responsibility and billed directly to you.

Thank you for understanding our Financial Policy. Please let us know if you have any further questions or concerns.

I have read the Financial Policy. I understand and agree to this Financial Policy.
Typing my name below constitutes an electronic signature, which is the legal equivalent of my manual signature on this agreement.

X _____
Signature of Patient/Responsible Party

DATE _____