

MATTAR CHIROPRACTIC CLINIC

FINANCIAL POLICY

Our office will provide all necessary insurance billing and reports. You are responsible for all co-pays, deductibles and fees not paid for by your insurance company.

- We ask that all statements mailed to you be paid within 30 days.
- It is our policy not to carry balances over \$75.00.

PAYMENT OPTIONS

- 1) Cash, check or credit card at time of services. (Mastercard, Visa or Discover)
- 2) Postdated check within 2 weeks or credit card guarantee.

SIGNATURE _____

DATE _____