

NoHo Chiropractic Center
Dr. Greg Movsesyan DC
5953 Laurel Canyon Blvd. Suite A
No. Hollywood, Calif. 91607
Phone (818) 980-7500
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Professional Fee Schedule

CONSULTATION	NO CHARGE
CHIROPRACTIC EXAMINATIONS	\$ 65 TO \$ 250
CHIROPRACTIC OFFICE VISITS	\$ 40 TO \$ 180
DOCTOR – PATIENT CONFERENCE	\$ 40

(ALL FEES ARE STANDARD AND PRIMARILY BASED ON OUR PROFESSIONAL ASSOCIATION GUIDELINES
AND ON THE FEE SCHEDULE SET BY THE INDUSTRIAL COMMISSION OF CALIFORNIA)

Our experience has shown that it is wise to have an understanding with our patients as to our office policies and fees. Therefore this form has been prepared for you convenience and information. We offer several methods of payment for your chiropractic care at our office and you may choose the plan which best fit your needs. Please read carefully and choose the plan that you prefer. This information will enable use to better serve you and help avoid misunderstanding in the future. If special arrangements are necessary please consult with the doctor. Our main concern is your health and well being, and we will do our best to help you.

PLAN #1 – INSURANCE: If you have insurance that covers chiropractic care, we will bill your insurance directly. We bill full fees. Please bring us an insurance claim form on or before your second visit with your portion completed. Until we have the complete necessary insurance information to verify chiropractic coverage, you are considered to be a cash patient. If an insurance payment should be made directly to you, you will be responsible for bringing it to us. Remember, Insurance companies balk at “Maintenance” and “Long Term Rehabilitation”. Usually you will not get much help after your initial corrective care. Most ordinary Health policies are designed and intended to only take care of acute problems, but in this office we will make all care affordable if additional treatment is needed. At this point please refer to “**Health and Life Extension Plan**” (Ask Insurance Department for details).

PLAN #2 – CASH: Fees are to be paid at the time services are rendered, unless special arrangements have been made in advance.

PLAN #3 – WEEKLY/ MONTHLY CASH AGREEMENT: This plan is for those non-transient, but active patients who qualify; we will extend knowledgeable credit through this plan. However, should you become inactive by discontinuing your care; your entire unpaid balance will be due immediately. This plan applies to all cases, except work injuries or auto injury claims.

PLAN #4 – CASH PRE-PAY: Ask Doctor for details.

PLAN #5 – INDUSTRIAL: You need to report your accident to your employer, bring in necessary insurance information, and sign industrial forms for billing by your second visits. We will bill your insurance directly.

PLAN #6 – AUTO INJURY: You need to supply us with the accident report, your car insurance, health insurance, liable party insurance, and attorney if applicable. If necessary insurance information is not promptly gather and verified, you will be required to pay for your care. We will bill your insurance directly after verification of coverage. In the event the check should come to you, you are expected to bring the check to us.

I qualify and understand PLAN # _____ Requirements.

Signature: _____

Date: _____