



Frank Amato, DC, DABCO
Clinic Owner
Chiropractic Orthopedist, ART Certified

Rich Semel, DC, DACBSP
Chiropractic Sports Physician

Dear Patient:

Please initial after reading the following office policies:

____ 1. We require at least 24 hours advance notice for cancellations. Our “no show/late cancel charge is \$75.00. We will request credit card payment over the phone from patients who do not show for their appointment or cancel without advance notice. Credit card numbers **will not** be kept on file and will be disposed of in a proper manner.

____ 2. All payments/co-payments are due at the time of service unless an agreement has been pre-arranged. As a courtesy to you, we can bill your insurance carrier and make every reasonable effort to assist in expediting payment. Please note that when your benefits are quoted, we are informed that “telephone verification of benefits are not a guarantee of payment” and “actual payment will be determined after a bill is received”. Which means that your actual financial responsibility may be more than what we were originally quoted. You are solely responsible for payment of services rendered within 90 days of billing your insurance company, regardless of their performance. If you have any questions about your eligibility, please call your insurance company.

ACKNOWLEDGMENT OF RESPONSIBILITY BY PATIENT

The undersigned accepts financial responsibility to Frank Amato, DC, DABCO for chiropractic services rendered under the terms listed above. Should the account be referred for collection or legal matters, the undersigned will pay collection, legal, and/or attorney fees and expenses.

I have read the information above and understand that I am solely responsible for payment on my account.

Signature _____
Patient (parent if patient is minor)

Date _____

www.thecentersite.org

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