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Financial Policy

1. Please read and sign before your consultation & examination with the doctor.
2. Full payment for the initial examination (first visit) is due at time of service.
3. If you choose to go on one of our **financial plans**, they must be paid prior to its start in Order for us to keep our price low and paperwork to a minimum. The financial plans are 10 or 5 visit series. If you choose to cancel your plan, the used visits will be charged at the Single rate. The money remaining after paying off used visits will be refunded to you. 10 or 5 visit plans will expire after 2 years from the onset date.
4. Your insurance policy is a contract between you and your insurance company. We will call Your insurance company to find out if they cover our services. However, the insurance Company may later decide to deny services which were rendered. If services are denied by Your insurance company, you are responsible for the balance.
5. Our practice is committed to providing the best service for our patients and we charge what Is usual and customary for our area. You are responsible for payment regardless of any Insurance company's arbitrary determination of usual and customary rates. You are paying For the doctor's time and talent. Please be considerate.

I have read and understand this document _____
Patient/Guardian Signature

Please provide a copy of your credit card number with authorization to bill your account,
For any outstanding balance over sixty days (Optional).

Type of Credit Card _____ Credit Card # _____

Name (as it appears on card) _____ Exp.Date _____

Billing Address _____

City _____ State _____ ZipCode _____

Patient's Signature

Date