

Office Fee Schedule and Financial Policy

<u>Service</u>	<u>Fee</u>
Consultation	No charge
Initial Exam	\$60
X-Rays (per view)	\$35
Periodic Dynamic Exam	\$30
Adjustment	\$35
Active Living Plans	Based on individual recommendations
Corrective Adjustment Plans	Based on individual recommendations

Financial Policy and Chiropractic Active Life Plans

We are committed to providing you with the best chiropractic care possible in a caring environment and have established our financial policies to achieve that goal. You will be expected to pay for your chiropractic care at the time the service is rendered unless you arrange a Chiropractic Active Life Plan in advance. These plans are designed to be the most cost effective way to keep you and your family as healthy as possible. They include Corrective Adjustment Plans (CAP) and Wellness Adjustment Plans (WAP). Details of these plans will be discussed with you during your chiropractic report. Please choose one of the following fee options:

____ **Health Insurance:** If we are providers for your insurance plan, and you have chiropractic benefits we will file the insurance for you. If you have insurance that covers chiropractic, and we are not a provider for that plan, we will give you everything you need to get reimbursed quickly, however a fee may apply for the information. This includes your diagnosis, prognosis, and copies of your records or reports. We have found it easier for your record keeping and ours if we give you receipts at the end of your first visit and then once per month after that. Just send in your receipts with a copy of your claim form and your insurance company will communicate with you about your reimbursement.

If you are like most of our patients and choose to do a CAP plan, there is a possibility that we may file your insurance for you if we are not a provider for that insurance. We will discuss this option with you at your Report of Findings.

I, (name) _____ have read and I understand the above policies.
I have initialed the fee option that applies to me.

Patient signature

Date