

PROFESSIONAL FEE SCHEDULE

Consultation	No Charge
Chiropractic Examinations	\$75 - \$225
Chiropractic Office Visit (averages)	\$45 - \$225
Chiropractic X-ray Studies (averages)	\$75 - \$280
Doctor/Patient Conference	\$50 - \$125

(All fees are standard and primarily based on our professional association's guidelines)

Our experience has shown that it is wise to have an understanding with our patients as to our office policies and fees. This form has been prepared for your convenience and information. Our office offers several methods of payment for your Chiropractic care and you may choose the plan, which best suites your needs. Please read carefully and choose the plan you prefer. The following information will enable us to better serve you and help avoid misunderstandings in the future if special arrangements are necessary 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, which covers Chiropractic care, we will bill and/or submit to your insurance directly. Please bring us your insurance information, on or before your first visit. Until we have the completed, necessary insurance information to verify chiropractic coverage, you will be required to pay for your care. Once your insurance has been verified any payments you have made will be applied to your co-payment, co-insurance, deductible, or uncovered services. Coverage will then be confirmed upon review of your Explanation Of Benefits once they are received. If you have 100% coverage, payments will be refunded. In the event the check should come to you, you are expected to bring the check to us. If there are non-covered services you may qualify for certain pre-pay options to help make your care the most cost effective for your situation.

Most ordinary “health” policies are designed and intended to only take care of acute problems that they deem ‘Medically Necessary’. *Insurance will only cover painful neuromuscular skeletal conditions caused by subluxations that prevent your activities of daily living.* There may come a time that you have to switch from being an insurance patient to being a ‘cash’ patient. This is because Insurance does not recognize maintenance/wellness care and they will slowly start to deny any payment for our services.

*Any child under the age of 5 will be considered a ‘CASH’ patient due to clinical experience showing that insurance companies don’t deem any chiropractic coverage Medically Necessary.

PLAN #2 CASH per Visit – Fees are too be paid at the time services are rendered, unless special arrangements have been made in advance. *This option does not reflect usual/customary fees. These are discounted fees and are available to patients with *special financial situations* due to: insurance limitations, economic conditions, lack of insurance coverage or other circumstances

PLAN #3 WEEKLY/MONTHLY/PRE-PAY CASH AGREEMENT – 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 applies to all cases, except work injury or auto injury claim. With this option no charges will and/or can be submitted to any insurance company or 3rd party billing. *This option does not reflect usual/customary fees. These are discounted fees and are available to patients with *special financial situations* due to: insurance limitations, economic conditions, lack of insurance coverage or other circumstances

PLAN #4 INDUSTRIAL/PERSONAL INJURY – You need to report your accident to your employer, bring in necessary insurance information, and sign industrial forms for billing by second visit. We will bill your insurance directly.

PLAN #5 AUTO INJURY – You need to supply us with the accident report, car insurance, health insurance, and liable parties insurance, and attorney if applicable. Until necessary insurance information is gathered and verified for chiropractic care, 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.

PLAN #6 MEDICARE – Per established Medicare guidelines please bring us your Medicare information on or before your first visit. We are non-participating with Medicare, which means you will pay us their ‘allowed’ fees, we will submit the charges for you and you may see something in return according to your Explanation of Benefits.

I qualify and understand PLAN # _____ requirements.

SIGNATURE _____ DATE ____ / ____ / ____