We are committed to providing you and your family the best wholeness-based chiropractic care possible in a loving and caring environment. We have established our financial policies to assist us in achieving that goal. You can decrease your investments by paying for care in advance.

 Service Fee

 Initial Assessment $197

 Progress Assessment $75

 Adjustment $45

 Clear Visit (No Adjustment Necessary) $30

 Special Consultation (30 minutes) $97

* Health Insurance: If you have insurance that covers chiropractic care, we will give you receipts containing all the information you need to get reimbursed. Just send your receipts into your insurance company and they will communicate with you about your reimbursement \*\* (we very strongly recommend you send copies rather than your original receipts, as sometimes they “get lost”). Please remember, your agreement with your insurance company is between you and them, *not us*. *WE DO NOT DO REPORTS FOR INSURANCE COMPANIES*. However, in the event more information is requested from your insurance company, we will provide you with a complete copy of your records that you can mail to them for their review. \*\*\*Please note: No receipts will be given for insurance purposes until a “Verification of Benefits” form is on file for you in our office.

Cash: If you do not plan to bill any insurance.

You are expected to pay up front for your first few visits. An *Investment Care Plan* will be prepared for you and reviewed to explain all the different investment options we have made available for you.

In the event you are unable to make an appointment and DO NOT call to cancel, there will be a $45 fee added to your account.

In the event of having to send your account to a collection agency, there will be a $75 collection fee added to the account.

I have read and I understand the above policies and I agree to follow them. I have checked the situation above that applies to me.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_