

## EXPLANATION OF CHIROPRACTIC FEES

The purpose of this page is to clarify your financial responsibilities so we can devote our efforts to helping you get the best results in the shortest amount of time.

<b>Procedure</b>	<b>Consists of:</b>	<b>Fee</b>
Initial Visit	Discuss your health problem, review your case history, ascertain the nature and severity of your health problem and determine the appropriate course of action. Treatment will be administered if the doctor feels it is appropriate.	<b>\$95.00</b>  (\$54.00 for children under 12)
Subsequent Visits	Adjustments, soft tissue therapy, explanation of stretching and strengthening exercises, and nutritional recommendations.	<b>\$50.00</b>  (\$75.00 for 30 minute appointment)
X-rays	If x-rays are required you will be sent to a radiology clinic.	Based on the number of x-rays required
Insurance Forms/ Letters	As requested by your insurance company.	Starting at \$25.00 and depending on the type of form.

### **Forms of Payment:**

Patients are responsible for full payment at the time services are rendered. We accept interact, visa, mastercard, cash, or personal cheques. Any credit arrangements must be authorized in advance.

### **Third Party Insurance Coverage:**

All professional services are rendered and charged to the patient receiving care and not to an insurance provider. We will supply you with statements, reports, or other documents for a fee, if applicable, as outlined above, to help you receive reimbursement from a third party.

### **Missed Appointments:**

If you cannot make your appointment please call the office to inform us at least 24 hours before your scheduled time so that another patient may be booked during that time. At the discretion of the practitioner, a fee up to the total fee, as described above, may be charged for missed appointments or appointments cancelled within 24 hours of the scheduled time.

**I have read, understood, and agreed to the fees and payment obligations as listed above.**

\_\_\_\_\_  
Patient/Parent/Guardian Signature

\_\_\_\_\_  
Date