

## Office Fee Schedule and Financial Policy

<u>Service</u>	<u>Insurance Coverage</u>	<u>Paid At Time of Service</u>
Consultation	N/C	N/C
Initial Exam/Computer Scans	\$80	\$55
Dynamic Exam/Computer Scans	\$75	\$42
X-Rays (per view)	\$70	\$50
Adjustment	\$70	\$40
Light Therapy	N/A	\$25
Nutrition Consultation	\$45/30min	\$45/30min
Pettibon/Rehab	\$30/15min	\$15/15min
Wellness Adjustment Plans	N/A	Varies per persons needs

### 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 financial policies to achieve that goal. You will be expected to pay for your chiropractic care at the time of service, unless you are participating in an Active Life Plan. These Active Life Plans are designed to be the most cost effective way to keep you and your family as healthy as possible. Details of these plans will be discussed with you during your Chiropractic Report. Balances with no payment over 30 days will be charged a \$5.00 statement fee, this charge will occur each month until arrangements have been made or balance is paid in full. Patient balances over 60 days will be forwarded to a collection agency with any accrued interest.

- **Cash Policy:** Payment is due at time of service or according to the plan of your choice.
- **Health Insurance:** If you have Insurance that covers chiropractic care, we will send in your claims for you. Deductibles and co-pays are paid at time of service, or paid according to the plan of your choice. Remember, your agreement with your insurance company is between you and them. Please submit any requested information to them as quickly as possible. Any balance due to denied or reduced claims will be your responsibility. Having Insurance does not always guarantee payment.

If you acquire insurance for a special situation such as an auto accident or worker's compensation please let us know immediately. Once a claim is complete, you can return to your original Active Life Plan.

I have read and I understand the above policies. I have initialed the one that applies to me.

Patient Signature

Date

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