

PROFESSIONAL FEE SCHEDULE

Comprehensive Consultation/Examination.....	\$55.00-120.00
Chiropractic Office Visit (average).....	\$40.00-80.00
Chiropractic X-Rays (average)	\$75.00-250.00
Physical Therapy (per procedure)	\$25.00
Doctor/Patient Conference	\$50.00
Re-examination.....	\$55.00-75.00

(All fees are primarily based on our professional association's guidelines and on the fee schedule set by the Industrial Commission of California)

Our experience has shown that it is wise to have an understanding with our patients as to our office policies and fees. Therefore, this form has been prepared for your convenience and information. We offer several methods of payment for your chiropractic care and you may choose the plan which best fits your needs. This information will enable us to better serve you and help to avoid any misunderstanding in the future. Charges for treatment in this office are due and payable at the time services are rendered. If special arrangements are necessary please consult with the doctor. Our main concern is your health and well being, and we will do our best to help you.

PAYMENT PLAN

_____ **CASH:** Fees are to be paid at the time services are rendered, unless special arrangements have been made in advance. You agree to pay any outstanding balance within one month after termination of care.

_____ **INSURANCE:** If you have insurance that covers chiropractic care, we will bill your insurance directly. On or before your second visit, please bring in your insurance card so we may make a copy of it. Until we have the completed necessary information to verify chiropractic coverage, you will be required to pay for your care. Most patients with insurance pay a nominal co-payment in addition to meeting their yearly deductible, if applicable. Most ordinary health policies are designed and intended to take care of acute problems only. When it is necessary for you to continue your care, on a maintenance program, our office will help design an affordable cash plan for you.

_____ **PERSONAL INJURY:**

_____ **Auto Injury:** You will need to supply us with your auto insurance information, liable parties' insurance, accident report and name of your attorney (if any). Once we are able to verify your automobile medical payment coverage, we will bill your insurance directly. If no coverage is available, or if the benefits become exhausted, then you will be personally responsible to pay for all charges incurred on a daily/weekly/monthly basis.

_____ **3rd Party Claim:** When you make a claim against a 3rd party insurance policy, that policy does not reimburse the doctor directly for any services incurred as a result of the claim. You agree to be personally responsible to pay charges incurred on a daily/weekly/monthly basis (or at the time of settlement of your claim).

_____ **Attorney Lien:** You agree to defer the balance of any unpaid charges until settlement of your claim/lawsuit. If you change attorneys or release your attorney prior to the settlement of your claim, this agreement is void and you agree to pay the full balance due immediately.

_____ **MEDICARE:** Medicare insurance policies cover 80% manipulation treatment only. You agree to be personally responsible for all charges which are not covered by Medicare, including your \$100 yearly deductible, and the 20% co-payment amount for covered services, at the time those services are rendered. Medicare does not cover exams, X-rays, and therapies.

_____ **WORK-RELATED INJURY:** You need to report your accident to your employer, bring in necessary insurance information, and sign forms for billing, by the second visit. We will bill your insurance directly.

I further understand that if I suspend or terminate my care with this office, my balance will be immediately due and payable.

I have read and agree to the above:

Patient's Signature

Date