

FINANCIAL POLICY

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| INITIAL VISIT (Includes Consultation, Examination, Chiropractic Adjustment) | \$80.00 |
| INITIAL VISIT INCLUDING DECOMPRESSION | \$90.00 |
| CHIROPRACTIC ADJUSTMENT | \$41.00 |
| CHIROPRACTIC ADJUSTMENT + ONE ADDITIONAL THERAPY* | \$46.00 |
| CHIROPRACTIC ADJUSTMENT + TWO ADDITIONAL THERAPIES* | \$51.00 |
| CHIROPRACTIC ADJUSTMENT + THREE ADDITIONAL THERAPIES* | \$56.00 |
| DECOMPRESSION (Includes Chiropractic adjustment when needed) | \$65.00 |
| RE-ACTIVATION VISIT AFTER 6 MONTHS * | \$80.00 |

(May involve Consultation, Examination, Chiropractic Adjustment)

***We are mandated by the Ontario Chiropractic Association to gather a complete Medical History upon Re-Activation**

MISSED APPOINTMENT FEE..... **\$30.00**

*****MISSED APPOINTMENT FEES WILL BE AUTOMATICALLY POSTED TO YOUR ACCOUNT IF A CALL TO OUR OFFICE HAS NOT BEEN RECEIVED PRIOR TO YOUR SCHEDULED APPOINTMENT TIME.

CONSULTATION..... **\$55.00**

***Additional therapies may include: Wave Vibration, Laser, and Pulse Magnetic Therapy**

WELLNESS/MAINTENANCE PLAN:

- ❖ If you would like to take advantage of our **Wellness Plan**, you may **pre-pay** for **12** visits at a **15% discount** per visit with the consideration that services are rendered at a minimum of 1 visit per 4 weeks.

CONSIDERATIONS

I have read and fully understand my financial obligation to the Family Chiropractic Wellness Centre. I also understand that regardless of insurance coverage, I am ultimately responsible for payment of all fees incurred by me at the Family Chiropractic Wellness Centre. If for whatever reason, the F.C.W.C. is not able to collect their fee from the insurance company in a reasonable period of time (90 days or less), I agree to take full responsibility for all charges due and pay them promptly.

IMPORTANT NOTICE: A COURTESY CALL TO OUR OFFICE WOULD BE GREATLY APPRECIATED AT LEAST 12 HOURS IN ADVANCE IF YOU ARE UNABLE TO MAKE YOUR APPOINTMENT TIME.

AS A COURTESY TO OUR PATIENTS, WE PROVIDE ELECTRONIC BILLING IF THE PLAN ALLOWS DIRECT BILLING TO THE PROVIDER.