**Disclosure of Fees**

 New Patient Exam $107-$193

 X-Rays/ Per Series $47-$90

 Manipulation/Adjustment $72-$93

Initial Nutrition Consult $100-$250

 Follow Up Nutrition Consult $50-$150

I have read the above codes and fees and understand the cost of my Chiropractic care. I understand that I am responsible for any copayments and deductibles related to my care where applicable. Payment is due at the time of service. **Effective September 1, 2018, there will be a $35 charge** for ***“no shows”*** and ***for cancellations made less than 24 hours in advance***.

Should my treatment be related to a personal injury or accident claim, all medical bills are to be paid at 100% of the above fee schedule regardless of the outcome of the case.

I have read and fully understand the financial policies and prices.

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