

Disclosure of Fees

New Patient Exam \$107-\$193

X-Rays/ Per Series \$48-\$90

Manipulation/Adjustment \$68-\$93

Initial Nutrition Consult \$75-\$125

Follow Up Nutrition Consult \$50-\$75

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 _____