

## FINANCIAL AGREEMENT

We appreciate and thank you for choosing our office for your chiropractic needs. We would like to clarify the financial aspect of your care so we may direct all of our attention to helping you get well.

### **FIRST VISIT**

On your first visit you will watch a First Patient Video. You will then meet with the doctor to discuss your current health situation and to see if you are a good candidate for chiropractic care. After the determination has been made, the doctor will conduct a thorough examination which will help us identify the likely cause(s) of your problem.

#### **Associated fees may include:**

New Patient Package (Physical, X-rays, Adjustment)	<b>\$200</b>
Physical, Ortho and Neuro Exam	<b>\$80</b>
Spinal Adjustments	<b>\$45 - \$55</b>
Infant Adjustment (Newborn – 6 yrs old)	<b>\$25</b>
X-Rays	<b>\$65 - \$75</b>
Extremity Adjustment	<b>\$10 (optional)</b>

### **SECOND VISIT – Report of Findings (ROF)**

At your Report of Findings visit we will discuss in depth about your specific care plan.

#### **Associated fees with 2<sup>nd</sup> visit may include:**

Spinal Adjustments	<b>\$45 - \$55</b>
Infant Adjustment (Newborn – 6 yrs old)	<b>\$25</b>
Extremity Adjustment	<b>\$10 (optional)</b>

### **REGULAR VISIT**

Your care consists of specific adjustment to add motion to spinal segments that are not moving correctly and to restore nervous system integrity. Retraining the spine takes time. Each visit builds on the ones before. Some patients see rapid progress and others find their recovery slower.

#### **Associated fees with Regular Visit may include:**

Spinal Adjustments	<b>\$45 - \$55</b>
Infant Adjustment (Newborn – 6 yrs old)	<b>\$25</b>
Extremity Adjustment	<b>\$10 (optional)</b>

### **PROGRESS EXAMINATION**

We will monitor your progress with periodic exams every 12 visits or 30 days, whichever comes first. These finding help document your recover. We may modify your visits/care plan based on these results.

#### **Associated fees with Progress Examination may include:**

Brief examination	<b>\$35</b>
Spinal Adjustments	<b>\$45 - \$55</b>
Infant Adjustment (Newborn – 6 yrs old)	<b>\$25</b>
Extremity Adjustment	<b>\$10 (optional)</b>

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### **BILLING**

Outstanding patient balances will be billed monthly. Should my account become delinquent, I agree to pay collection costs, attorney fees and court costs as permitted by law if such are incurred by my physician at Heights Family Chiropractic.

A \$20.00 charge will be assessed for all checks returned for insufficient funds.

If your case is a Personal Injury Case or Workers Comp case and you decide to terminate care against the doctor's advice, the entire balance will immediately become due and payable.

### **AGREEMENT**

This is the entire financial agreement between Heights Family Chiropractic and the patient below. I have read this agreement, understand it and agree to take full responsibility for my financial obligations.

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Patient or Responsible Party

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Date