

FULL LEGAL NAME:

NICKNAME:

DATE OF BIRTH: MM / DD / YYYY GENDER: M F CITY:

ADDRESS:

POSTAL CODE:

EMAIL:

[Optional | your email is collected as an alternate contact where you may be reached. It will NOT be used for marketing purposes.]

CELLULAR #:

HOME #:

OCCUPATION:

HEALTHCARE #:

EMERGENCY CONTACT:

PHONE #:

HOW DID YOU HEAR ABOUT US? Google Radio Yellow Pages Window Signage Edmonton Sun
 Edmonton Journal The Examiner Our Website Other: _____
 Doctor Referral: _____ Patient: _____

ARE YOU HERE DUE TO A MOTOR VEHICLE ACCIDENT? Yes No

If yes, what is the date of the accident & claim#: _____

ARE YOU HERE DUE TO AN INJURY AT WORK GOING THROUGH WCB? Yes No

Estimated Service Costs:

Chiropractic		Massage Therapy	
Focused Examination	\$65	30 Min. Session	\$65
Adjustment	\$50	45 Min. Session	\$80
Laser Therapy	\$30	60 Min. Session	\$95
Adjustment With Laser	\$65	75 Min. Session	\$125
Chiropractic with Muscle work	\$65	90 Min. Session	\$140
Digital Posture Analysis	\$60		
Adjustment with Ultrasound	\$75		
Chiropractic Acupuncture	\$85	Acupuncture	
Neuropathy	\$65+	30 Min. Session	\$60
Spinal Decompression(includes laser & Adj.)	\$105	60 Min. Session	\$85
Decompression Neck + Back	\$155	Add on : Cupping	\$10+
Custom Orthotics	\$400		

NOTE: All information provided in this package is confidential & cannot be released without a signed consent form by you, the patient or guardian of, to the asking company.

INSURANCE BILLING:

Our clinic offers direct billing for majority of the major insurance companies, however there are some companies that we are unable to direct bill for. We can only submit claims on the patient's behalf provided they have signed a consent form. Please understand that we can only direct bill your claims as permitted by your particular insurance plans. This means that any restrictions by your plan in order to direct bill must be met through you the patient & your insurance company. [Such as prescription requirements, address confirmations, personal information changes, E-claim activations, etc.]

FINANCIAL POLICY

All treatments provided to the patient have a fee associated. That information will be relayed to you, the patient, during your consultation. It is clinic policy that compensation for a service provided must be provided on the same date of service.

CANCELLATIONS & MISSED APPOINTMENTS

Scheduled appointments of 30 mins or longer are times set aside for you while other clients are turned away. If you miss your appointment or cancel with less than 24 hours' notice, you will be subject to penalty up to the full cost.

I, the undersigned, have read & understand the above statements. By Signing below I am agreeing to abide by the policies stated above for the term of my care.

SIGNATURE: _____

DATE: _____