



# Our Fee Structure

Please note our fees for your initial visit without insurance:

PAY SAME DAY PRICE:

<b>Consultation</b>	Complimentary
<b>Examination</b>	\$ 50.00
<b>Adjustment</b>	\$ 35.00
<b>Radiology</b>	Variable (up to a maximum of \$100.00)
<hr/>	
<b>TOTAL</b>	<b>\$ 185.00</b>

\* **Insurance coverage is different per insurance company. Patient is responsible for what insurance doesn't pay. Insurance cost will be more than pay same day discount.**

Please note that if you have been involved in a motor vehicle accident, our fee structure may differ due to the complexity of your needs in such cases.

I fully understand the above fees and give my consent. I also give my consent to have the doctor take any x-rays he/she deems appropriate to better understand my problem and monitor my progress.

\_\_\_\_\_  
I have reviewed the notice of privacy practices (HIPPA) and have been provided a opportunity to discuss my right to privacy. Upon request I will be given a copy.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Signature of Parent/Guardian required if patient under age 18)

WITNESS: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

