



CONSENT FOR THE COST OF SERVICES

I understand that I am responsible to pay the fees for the chiropractic care I receive at each session. Fees are due at the end of your appointment once services are rendered. If your treatment is billed as an insurance claim and your claim is denied, you will be responsible for payment for all services rendered. An assessment when the chiropractor determines that it is necessary.

Fees for treatment are:

	INITIAL	SUBSEQUENT
Patient	\$90	\$65
Post-Concussion	\$120/\$110 (Based on patients age)	\$65
Specialty		\$90

All fees are subject to change.

There is a \$40.00 fee for missing any appointment without notifying our office 24 hours prior to appointment time.

Payment of this fee will be expected at your next appointment.

Date Signed

Print Patient Name

Signature of Patient
(or parent/guardian)

Date Signed

Print Witness Name

Signature of Witness