FEE SCHEDULE

Please check each box as read.

☐ Initial New Practice Member Visit Includes consultation, history, exam & adjustment	200
☐ In office Adjustment	60
☐ Re-evaluation after 6-12 sessions	60
☐ Nutrition Evaluation	60
☐ Extended Visit (1 hour)	120

☐ This office does not accept or process any insurance plans. We email you a receipt with all the proper information for your insurance company.

☐ Patient information is confidential and is released only with your written permission.

☐ Any outstanding balance on your account will be charged to your card on file with written notification of charges.

I have read, understood, and agree to financial responsibility.

Signature________________________________ Date_________________