

## Our Fee Schedule

Please note our fees for your initial visit:

Consultation	Complimentary
Exam	\$65.00 - \$163.00
Adjustment	\$40.00 - \$67.00
Radiology	Variable (up to \$165.00)
<b>TOTAL</b>	<b>\$105.00 - \$395.00</b>

**\*\*Insurance coverage is different per policy and company. Patient is responsible for what insurance does not cover. Insurance costs will be more than same day pay discount.**

Please note that if you have been involved in a motor vehicle accident, our fee schedule 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.

For ladies only:

To my knowledge, I am not pregnant and know of no contraindications for x-rays at this time.

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

SIGNATURE: \_\_\_\_\_

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