

## ABOUT OUR FEES....

Many of our patients are pleasantly surprised by our reasonable fees. These low fees are based on the principle that in order to reap the full benefits of chiropractic care, patients must receive regular and consistent adjustments as recommended by Dr. Lisa. Inexpensive care also allows our patients to continue on a maintenance program once initial corrective care is achieved and encourages their whole family to enjoy optimal health through chiropractic. We are proud to present our fee system to you and the policies that are necessary to carry out this system:

**\*NEW PATIENT VISIT (includes consultation/ examination/ adjustment): \$85.00**

**\*NEW PATIENT VISIT FOR THOSE 17 YEARS OLD AND YOUNGER WHOSE PARENT IS AN ESTABLISHED PATIENT (includes consultation/ examination/ adjustment): \$50.00**

**REGULAR OFFICE VISIT: \$40.00**

**FAMILY PACK OF ADJUSTMENTS: \$222.00 for 6 regular visits**

A "New Patient" is defined as either a patient that has never been to our office for care or hasn't had an office visit with us in 3 years or more.

*Please initial each after reading:*

\_\_\_\_\_ Payment in full is due at the time our services are rendered and we welcome pre-payment. No exceptions will be made in the event that a patient wants service and does not have payment (we cannot extend credit since our fees are so low). We honor cash or personal check payments only (no credit cards are accepted at this time). Any insufficient check is subject to a \$35.00 fee plus the cost of the unpaid visit. If Dr. Lisa agrees to see a patient outside of office hours on an emergency basis at her discretion, an emergency visit fee will be charged.

\_\_\_\_\_ A missed appointment fee of \$40.00 will be charged when a second visit is missed without notice as well as any missed visit thereafter. Please take note that we require 24 hours notice of cancellation and a fee of \$40.00 will be charged if sufficient notice is not provided.

**By initialing and signing this form, I understand and agree to abide by the terms stated above:**

\_\_\_\_\_  
PATIENT'S SIGNATURE/ DATE

\_\_\_\_\_  
WITNESS' SIGNATURE/ DATE