ABOUT OUR FEES....

Many of our patients are pleasantly surprised by our reasonable fees. These lower 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. Reasonable fees also allow 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): \$95.00

REGULAR OFFICE VISIT: \$50.00

FAMILY PACK OF ADJUSTMENTS: \$225.00 for 5 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 tim	ne our services are rendered and we
welcome pre-payment. No exceptions v	vill be made in the event that a patient
wants service and does not have payme	ent (we cannot extend credit). We honor
cash or personal check payments only ((no credit cards are accepted at this time)
Any insufficient check is subject to a \$4	0.00 fee plus the cost of the unpaid visit.
	e of office hours on an emergency basis
at her discretion, an emergency visit fee	<u> </u>
, , ,	50.00 will be charged when a second visit
	missed visit thereafter. Please take note
	ellation and a fee of \$50.00 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