

TOTAL HEALTH CHIROPRACTIC
PROFESSIONAL FEE SCHEDULE

Consultation.....	No Charge
Chiropractic Examinations.....	\$30-\$90
Office Visit.....	\$35-\$55
Spinal X-Ray Studies.....	\$80-\$270

Our experience has shown that it is wise to have an understanding with our patients as to our office policies and fees. This form has been prepared for your convenience and information. We offer several methods of payment for your Chiropractic care at our office, and you may choose the plan which fits your needs.

Please read carefully and choose the plan you prefer. This information will enable us to better serve you and help avoid misunderstandings in the future. If special arrangements are necessary, please consult with the Office Director. Our main concern is your health and well-being, and we will do our best to help you.

PLAN #1 – INSURANCE: If you have insurance which covers Chiropractic care, we will bill your insurance directly. Until we have the completed, necessary insurance information to verify Chiropractic coverage you will be required to pay for your care. Thereafter, you will be responsible for your yearly deductible as well as co pays. Please remember, verification of benefits is merely a “description” of benefits, not a guarantee of coverage. Payment is calculated at the time the claim is processed. Any fees not covered by insurance are your responsibility. In the event the check should come to you, you are expected to bring the check to us.

PLAN #2 – CASH: Fees are to be paid at the time of service is rendered. The patient is responsible for all charges incurred.

PLAN #3 – U.C.A.F.F.- UNLIMITED CARE AT A FIXED FEE: An excellent program that enables you and your family to receive Unlimited Chiropractic Care at a significant savings. Ask for details.

PLAN #4 – WORK-MAN’S COMPENSATION: You need to report your accident to your employer, and bring in the necessary insurance information for billing by the second visit. We will bill your workman’s comp directly.

PLAN #5 – AUTO INJURY: You need to supply us with the accident report, your car insurance, and health insurance. Until necessary insurance information is gathered and verified for Chiropractic care, you will be required to pay for care. We will bill your insurance directly after verification of coverage. In event the check should come to you, you are expected to bring the check to us.

I QUALIFY AND UNDERSTAND PLAN # _____ REQUIREMENTS

SIGNATURE _____ DATE _____