

Office Fee Schedule and Financial Policy

<u>Service</u>	<u>Initial Care</u>	<u>Wellness Care</u>
Consultation	N/C	
Initial Exam/Computer Scans	\$100	
Dynamic Exam/Computer Scans	\$45	
X-Rays	\$120+	
Office Visit / Adjustment	\$70	
Optimal Performance Plan	N/A	\$135-\$319mo.

Financial Policy

We are committed to providing you and your family with the best chiropractic care possible in a caring environment and have established our financial policies to achieve that goal. You will be expected to pay for your chiropractic care at the time the service is rendered unless you arrange an Active Life Plan in advance. Active Life Plans include yearly Corrective Adjustment Plans (CAP) and monthly CAPs. These Active Life Plans are designed to be the most cost-effective way to keep you and your family as healthy as possible. *Details of these plans will be discussed with you during your second visit Chiropractic Report.*

☐ **Self Pay** (no insurance)

☐ **Blue Cross or Medicare** (check box)

If you have Medicare or Blue Cross that may contribute to your care, please give us your insurance card to copy. It is important to know that insurance often times is very limited for chiropractic benefits and will not cover 100% of your care. You will be informed and responsible for any care not covered by your plan. You will also be responsible for co-pays, co-insurance, and deductibles. Insurance does not cover maintenance or wellness care.

☐ **Other Health Insurances or Flex Spending Accounts/MSA** (check box)

If you have insurance or flex spending accounts that contribute to chiropractic, we will give you all the information you need to get reimbursed quickly. This includes your diagnosis, prognosis, and copies of your records or reports. We have found it is easier for your record keeping, and ours, if we give you receipts at the end of your first visit and then once a month or once a year after that. Send in your receipts with a copy of your claim form and your insurance company will communicate with you about your reimbursement. Remember, your agreement with your insurance/flex plan company is between you and them.

If you acquire insurance for a special situation such as an auto accident or a worker's compensation injury and choose to utilize that coverage, you will be charged our regular office fees until such claim is settled. Once the claim is complete, you can continue with the plan you began.

☐ **Please check the box if you are the sole financial decision maker of your care.**

☐ **Please check the box if you need to consult another party for your financial decisions.**

Please print primary card holder's name and date of birth _____

I authorize payment of medical benefits to Shrewsbury Family Chiropractic for service rendered.

Insured or authorized person's signature

Patient Signature of Agreement

DATE