

ACKNOWLEDGEMENT OF SELF PAYMENT PRACTICE

Our office is a Self Pay Practice. WE DO NOT ACCEPT or BILL ANY INSURANCE. All services are self pay at time of service.

WE ARE A NON PARTICIPATING MEDICARE PROVIDER. Medicare will not reimburse you for our fees.

The following is a list of our services and prices. The doctor will discuss his recommendations with you prior to treatment.

Initial Consult and Exam: \$25: 15 minutes
 \$50: 30 minutes
 \$75: 45 minutes
 \$100: 60 minutes

Office Visit 1: One area adjustment: \$45

Office Visit 2: Full spine adjustment: \$65

Office Visit 3: Full spine adjustment with extremities: \$80

Ultrasound/Combo: \$25/area

Acupuncture: \$75

Acupuncture with Electric Stimulation: \$85

Nasal Specific Technique: \$65

Radial Pressure Wave: \$45/area

Laser: \$50/area

Missed Appointment Fee: \$50. We require 24 hours notice of cancellations.

Signature: _____

Date: _____