PROFESSIONAL FEE STATEMENT

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| Consultation | No charge |
| Chiropractic Examinations | $40.00 - $150.00 |
| Chiropractic Office Visit (Adjustment) | $50.00 - $75.00 |
| Chiropractic X-Rays | $40.00 each |
| Physical Therapies (to support adjustment) | $30.00 each |
| Wellness Workshop | No charge |

X-Rays taken in this office are original documents and remain property of Inline Chiropractic.

Our experience has shown that 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. Please read carefully, and indicate the plan that is appropriate. This information will enable us to better serve you and help avoid misunderstandings in the future. If special arrangements are necessary, please consult with our front desk Chiropractic assistant. Our main concern is your health and well being, and we will do our best to help you.

**Plan 1 - Insurance** If you have health insurance which covers Chiropractic care, we will bill your insurance directly. Please bring us your insurance card so we can have a copy of it in your file. **Until we have the completed information necessary to verify your insurance coverage, you will be required to pay at the time of service for care received.** In the event the insurance check is sent to you, you are expected to bring the check to us immediately.

**Plan 2 - Cash** Services are to be paid in full at the time services are rendered.

**Plan 3 - Work Injury** You need to report your accident to your employer, bring in necessary insurance information, and signed industrial forms for billing by the 2nd visit. Once we have all necessary information, we will bill either state labor and industries or private labor and industries directly. **Until we have the completed information necessary for billing, you will be required to pay at the time of service for care received.**

**Plan 4 - Auto Accident** You need to supply us with the accident report, your car insurance, health insurance, and liable parties' insurance information, and attorney if applicable. We can refer you to an attorney if necessary. **Until we have the completed information necessary for billing, you will be required to pay at the time of service for care received.**

**Important: All patients, with or without insurance, are responsible for full payment at the time of service (unless other arrangements have been made in advance). Any services rendered are the sole responsibility of the patient.**

**Agreement:** My signature signifies my agreement to payment in full on a cash basis if I have no insurance, or if I have not provided Inline Chiropractic with all necessary documents and information.

I have read and agree to the above fee statements.

**Signature: Date:**