

Our Fee Structure

Please note our fees for your initial visit. The purpose of today's visit is for the doctor to determine if you qualify for care at our office. Following your complimentary consultation, the doctor will determine if an examination and/or x-rays are appropriate. All fees are due and payable at time of service.

<i>Consultation</i>	Complimentary
<i>Examination</i>	\$ 50.00
<i>Radiology</i>	Variable (up to a maximum of \$100.00)
TOTAL	\$ 67.00

Please note that if you have been involved in a motor vehicle accident, our fee structure may differ due to the complexity of your needs in such cases.

Please also note that your clinical Report of Findings, the time that your doctor will spend with you to go over your results, will be at no additional charge. The only fee will be for any care you receive during that visit.

I fully understand the above fees and give my consent. I also give my consent to have the doctor take any x-rays he/she deems appropriate to better understand my problem and monitor my progress. I further understand and agree to be responsible for any and all collection/billing fees in the event that my account becomes delinquent.

We reserve the right to charge the normal visit fee for any missed appointment without prior notification.

SIGNATURE: _____ DATE: _____
(Signature of Parent/Guardian required if patient under age 18)

Thank You!