



## **FEE SCHEDULE**

1. Spinal Manipulations:
  - a. 1-2 areas \$52.00
  - b. 3-4 areas \$72.00
  - c. 5+ areas \$92.00
2. Ultrasound and Electrical Stimulation: \$40.00
3. Examinations:
  - a. Brief \$92.00
  - b. Expanded \$125.00
  - c. Intermediate 175.00

### **Insurance Co-Pays are due at each visit.**

For patients wishing to pay cash, rather than utilize insurance, the following discounts apply:

1. Spinal Manipulations:
  - a. 1-2 areas \$47.00
  - b. 3-4 areas \$67.00
  - c. 5+ areas \$84.00
2. Ultrasound and Electrical Stimulation: \$35.00
3. Examinations:
  - a. Brief \$85.00
  - b. Intermediate \$120.00
  - c. Extended \$175.00

Supplements, health aids (e.g. pillows, slings, crutches) may not be covered by insurance and must be paid for in full at time of service.

I have read the above information and consent to this fee schedule.

\_\_\_\_\_  
Patient or Responsible Party Signature

Date: \_\_\_\_\_