



## WHY CHIROPRACTIC CARE?

People go to a Chiropractor for a variety of reasons. Some go for **symptomatic relief** of a condition (**Relief Care**). Others are interested in having the cause of the problem as well as the symptoms corrected and relieved (**Corrective Care**). Still others want whatever is malfunctioning in their bodies brought to the highest state of health possible with chiropractic care (**Preventative Care**). These are the 3 phases of care. Your doctor will consider your needs and desires when recommending your schedule of care. Remember that your prepared recommendation is an incorporation of all three phases of care.

Please check the type of care desired so that we may be guided by your wishes whenever possible.

- Preventative/Maintenance Care (*I would like my body to function at its highest state possible*)
- Corrective Care (*I want the cause of my problem corrected and relief from symptoms*)
- Relief Care (*I only want to be relieved of my current symptoms*)

### ***Please read carefully;***

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and me. Furthermore, I understand that the Doctor's office will prepare any necessary reports and forms to assist me in making collection from the insurance companies (Charges may apply). However, I clearly understand and agree that all services rendered to me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care at this office, any outstanding charges for professional services rendered to me will become immediately due and payable.

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various modes of physical therapy and, if necessary, ordering diagnostic x-rays for me by the Doctor of Chiropractic and/or anyone working in this clinic authorized by the Doctor of Chiropractic.

### **Our Fee Structure**

Initial visit	\$125.00
Re Evaluation	\$100.00

Fees for your **second** visit:

Report of Findings	\$100.00
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\*The doctor will spend time with you to go over your results  
(Also includes your first treatment)

Fees for **subsequent** visits:

Subsequent Treatment	\$55.00
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Patient/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_