



Detail Care Fee Schedule

Time of Service Payment:

Initial Consultation	\$60	AK Eval/Treatment	\$50/5 minutes
Initial Exam	\$60	AK Immune Testing	\$150
Adjustment/office appointment	\$60	AK Allergy Testing	\$250
Dynamic Exams	\$30	AK F/C/P Sensitivity Testing	\$250
BioMeridian Testing - Initial/followup	\$ 85/75	StemCell Consultation	\$60
Heart Sound Recorder (HSR)	\$45	StemCell Exam	\$60
Ankle-Brachial Index Test (ABI	\$45	Massage 30, 60, 90 minutes	\$30/\$60/\$90
Focus Allergy Sensitivity Testing	\$45	Cupping Session-15/30/60 minutes	\$25/\$45/ \$75

The time of service cash-rate fee for an **Initial Visit** to our office, which includes your consultation, examination, and first adjustment is **\$180**.

Cancellation Policy: This office has a 24-hour cancellation policy for services provided by massage and/or Dr. Rian Campbell. Cancellation fee is 60% of the scheduled appointment cost.

Dynamic Exams: Since it is essential to evaluate your progress on a regular basis, dynamic assessments are scheduled at a minimum of one (1) time per year, or as required to assess new injury and/or accidents. These exams help us to determine where you are in the healing process and ensure that the plan you have been following is the best and most effective care possible to meet your needs. The dynamic exams also aid in our decision to move you into the next phase of your care plan.

Insurance: We are a cash based practice that does not accept insurance. If however, you have purchased insurance that contributes to chiropractic care, we will be happy to provide you with a Super-Bill and other appropriate documentation that **you** may submit to your insurance company for personal reimbursement.

Payment: **Payment is due at the time services are rendered.** We accept cash, check, and all major credit cards.

Financial Policy: INSURANCE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY. New Life Chiropractic cannot pursue payment from your insurance carrier in the event of non-payment or benefit denial.

I have read and understand the above information.

Signature: _____

Date: _____