

**New Life Chiropractic Regenerative Therapy
Detail Care Fee Schedule**

Chiropractic Care		Nutritional Deficiency Testing		Massage Therapy	
Initial New Patient Visit-All Inclusive	\$225	First Time Initial Visit	\$130	Massage 20minute	\$20
Consultation	\$75	BioMeridian Testing	\$80	Massage 30minute	\$30
Detail Exam	\$75	Heart Sound Recorder	\$65	Massage 60minute	\$60
Office Visit	\$75	Ankle/Brachial Index Test	\$45	Massage 90minute	\$90
Dynamic Exam Assessment/Rexam	\$40	Focus Allergy Sensitivity Testing	\$65		
NET Therapy Visit	\$125				

Chiropractic Care

The Initial New Patient Chiropractic visit to our office is an average length of approximately, 1 & ½ to 2 hours. Visit consists of consultation, examination, and adjustment.

Dynamic Exams/Assessment (Rexams), are essential to evaluate your progress on a regular basis. They are scheduled at a minimum of one (1) time per year, or as required to assess new injuries and/or accidents.

Nutritional Deficiency Testing

The Initial New Patient Nutritional Deficiency Testing visit to our office is an average length of approximately 1 & ½ to 2 hours. The visit consists of consultation, BioMeridian Baseline test, review of findings, review of blood work (if needed), balancing of organs, glands and body systems with supplementation, along with any current medications, as needed.

All services provided by our office can be done individually.

Financial Policy

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

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" that you may submit to your insurance company for personal reimbursement.

Insurance is a contract between you and your insurance company. New Life Chiropractic Regenerative Therapy 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 _____