

Options to invest in your health:
The Patient – Doctor Service agreement
Plan for people...

Regular office visit fee: \$45.00 (_____)

Less paperwork means more time for ‘people work’

How about \$23 per visit?!?!

We are beginning the transition to an office that must run without most insurance coverage. My commitment to our patients is that they have accessible and sensible care at a reasonable fee, and so with that in mind I decided that rather than do MORE paperwork, I would opt to do more ‘People work’.

Many people use chiropractic as maintenance for their spines and health.

Frequent adjustments help patients stay healthier and gives the chance to handle problems before they get worse.

I can keep the fee this low because I know you, and with this plan will know your body even better; enabling treatments to be more effective Adjustments will hold better, you will notice a reduction in severity and frequency of flare-ups, illness, and pain!

The ounce of prevention Maintenance:

- As a maintenance plan member you will not receive any therapies, heat or electrical stim, or massage. This is a ‘Tune up’ program to keep your spine flexible and your nervous system ‘tuned’. (_____) **Therapies added will be at REGULAR fee!**
- **Calendar begins upon signup.** Your schedule is YOUR responsibility.
- You can take all 12 visits in a row, separate them on a monthly schedule, or ‘randomly’ use them as you need/ want. They must all be used by the anniversary of sign up, any remainders are forfeit.
- The adjustments may be scheduled any time during regular office hours. (_____)
 - Your plan will be suspended for other treatment options; Personal injury cases with a lien, A worker’s compensation injury, etc. (_____)

Payment is up front and in full ONLY, no payment plans :(_____) \$275.00

Refunds: you may receive a refund of your remaining amount at any time you wish, minus a \$68.00 service charge and the \$23.00 deducted for each of the scheduled visits used or missed. (_____)

This is not an active care program, not for acute injury or pain, not reimbursable by insurance. YOU CANNOT USE A FLEX PLAN to reimburse you. We will NOT bill insurance for any of these visits. Cannot be retro billed. If there is any dispute of the above plan, you will be reimbursed as detailed above.

Signed and initialed: _____ Date: _____

Witness: _____ Date _____

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SOAP NOTES REQUIRED>

1 st	2 nd	3 rd	4 th	5 th	6 th
7 th	8 th	9 th	10 th	11 th	12 th