

ATLAS CHIROPRACTIC

Initial Consultation	No Charge
Adult Chiropractic Examination	\$ 50.00
Adjustment / Office Visit (Including any missed office visits without a call 4 or more hours ahead of appointment)	\$ 63.00
Nutritional Consult (half hour)	\$150.00
<u>X-rays</u> (\$50.00 Per View- what each patient needs may vary)	
Atlas Orthogonal Series (4 views)	\$200.00
Thoracic Series (2 views)	\$100.00
Lumbo-Pelvic Series (2 views)	\$100.00

Payment is expected at the time of service via cash, check or charge (Master Card, Discover or Visa). Health and accident insurance policies are an arrangement between the insurance company and the patient. While our office will provide a copy of our services that may be turned in for reimbursement, it is the patient's responsibility to submit any required documentation to their insurance company for possible reimbursement.

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same objective.

Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

ADJUSTMENT: An adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method of correction is by specific adjustments of the spine.

HEALTH: A state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity.

VERTEBRAL SUBLUXATION: A misalignment of one or more of the 24 vertebra in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of a chiropractic spinal examination, we encounter non-chiropractic or unusual findings, we will recommend that you seek the services of a health care provider who specializes in that area.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. Our only practice objective is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjusting to correct vertebral subluxation.

My doctor has notified me that Medicare may deny payment of the service. And Medicare does not pay for chiropractic exams, x-rays or "Maintenance Care". "Your personal information may be released to your insurance if requested, unless you state otherwise". If Medicare denies payment, I agree to be personally and fully responsible for the payment.

I, _____ have read and fully understand the above statements.
(Print Name)

All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction. I therefore accept chiropractic care on this basis.

(Sign & Date)