

Professional Fee Schedule

Our experience has shown that it is wise to have an understanding with our patients as to our office policies and fees. This form has been prepared for your convenience and information. We offer several methods of payment for your Chiropractic Care, and you may choose the plan that best fits your needs. Please read carefully and choose the plan that you prefer. This information will enable us to better serve you and help to avoid misunderstandings in the future. If special arrangements are necessary, please consult with the Doctor.

Our main concern is your health and wellbeing, and we will do our best to help you.

Evaluation	No Charge
Chiropractic Examinations	\$50 - \$263
Spinal Adjustments (1-5 areas)	\$68 - \$120
Extremity Adjustments	\$58
Manual Therapies	\$25 - \$115
Chiropractic X-Ray Studies (averages)	\$40 - \$210
Doctor/Patient Conference	\$40 - \$70

(All fees are standard and primarily based on our professional associations' guidelines and on the fee schedule set by the Industrial Commissions of Colorado).

PLAN #1: SELF-PAY CASH PLAN: If you do not have or do not want to use health insurance to pay for your chiropractic care, we will set up a care plan for you based on your current health situation and needs.

PLAN #2: INSURANCE: If you have insurance which covers Chiropractic Care, we will bill your insurance directly. Please give your driver's license and insurance card(s) to the front desk today for verification of benefits. Until we have the completed, necessary insurance information to verify Chiropractic coverage, you will be required to pay the contract rate for your care. ***In the event the check should come to you, you are expected to bring the check to us.*** Remember, insurance companies **DO NOT PAY** for everything in this office including but not limited to; "maintenance/wellness" care, long-term rehabilitation, massage therapy, Bemer sessions, Cox Flexion/Distracton technique, Instrument adjusting, and Orthospinology technique. Usually, you will not get much help from your insurance after your initial relief care. **Most ordinary "health" policies are designed and intended to only take care of acute problems, so you should plan to pay on your own once you move towards maintenance, visits once a week or less.**

PLAN #3: WORKERS COMPENSATION: You need to report your accident to your employer, bring in necessary insurance information, and sign industrial forms for billing by your second visit. We will bill your insurance directly.

PLAN #4: AUTO INJURY: You need to supply us with the accident report, your auto insurance, health insurance, and liable party's auto insurance, and attorney if applicable. Until necessary insurance information is gathered and verified for Chiropractic Care, you will be required to pay for your care. We will bill your auto insurance directly after verification of coverage. ***In the event the check should come to you, you are expected to bring the check to us.***

PLAN #5: MEDICARE: Per established Medicare guidelines, please give your driver's license, Medicare card, and any secondary insurance information to the front desk today for verification of benefits. We will bill Medicare directly. ***In the event the check should come to you, you are expected to bring the check to us.*** Remember, Medicare **DOES NOT PAY** for everything in this office including but not limited to; "maintenance/wellness" care, long-term rehabilitation, massage therapy, Bemer sessions, Cox Flexion/Distracton technique, Instrument adjusting, and Orthospinology technique. Usually, you will not get much financial help from Medicare after your initial relief care.

I QUALIFY FOR AND UNDERSTAND PLAN # _____ REQUIREMENTS.

Patient Name _____

SIGNATURE _____ **DATE** _____

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