

Action Chiropractic
Neck Pain, Back Pain
& Headache Relief Center
Dr. Brian C. Willyard, D.C.

Action Fee schedule

X-Ray	\$70-\$350
Examination	\$50-\$160
Consultation	\$100-\$180
Adjustment	\$40-\$65
Exercise & Strengthening Program	\$75-\$100
Traction	\$35
Ice & Heat	\$9- \$25
Supplies	\$5-\$50
Massage Therapy	\$60-\$250

This form has been prepared for your convenience and information regarding our office policies and fees. We offer several methods of payment for your chiropractic care and you may choose a plan that best fits your needs. Please read carefully and choose the plan in which you prefer. This will enable us to better serve you and help to avoid misunderstandings in the future. **Our main concern is your health and we will do our best to help you.**

Plan #1- Insurance: If you have insurance which covers Chiropractic care, we will bill them directly. Until we have the completed, necessary insurance information to verify Chiropractic coverage, you will be required to pay for your care. Most patients set up a regular payment schedule to cover any deductibles and co-payment. In the event the insurance check should come to you, you are expected to bring the check to us to be applied to your account. Remember, insurance companies balk at “maintenance” and long- term rehabilitation. Usually you will not receive insurance benefits after your initial corrective care. Most ordinary “health” policies are designed and intended to only take care of acute problems so you should plan to “get off” insurance and be on your own payment plan when you reach maintenance level (except some accident injuries). At this point, refer to our family plan.

Plan #2- Non-Insured: Fees are to be paid at the time of services are rendered, unless special arrangements have been made in advance. If there is a financial hardship, please speak with your doctor.

Plan #3- Medicare: We will need a photocopy of your Medicare ID card for us to bill Medicare directly for you. Our office does accept assignment on Medicare claims, which means they will reimburse your Dr. directly.

Plan #4- Family Plan: Ask your doctor for details.

Plan #5- Work Injury: For care related to an on the job injury, you must report the injury to your employer and obtain written consent from them prior to your second visit.

Plan #6- Auto Injury: You need to supply us with the accident report, your car insurance, health insurance, liable parties insurance and attorney if applicable. Until necessary insurance is gathered and verified, you will be required to pay for your care. We will bill your insurance directly. In the event the check should come to you, you are expected to bring the check to us to be applied to your account.

I qualify for and understand the requirement of plan # _____.

Signature: _____ Date: _____