

Owens Chiropractic Fee Schedule

33650 6th Ave S. Suite 100 Federal Way, WA 98003 (P) 253-942-3300

<u>Service</u>	<u>Fee</u>
Chiropractic Spinal Adjustments	\$16.66 - \$65.00
Chiropractic Extra-spinal Adjustments	\$ 25.00
Consultation & Orthopedic Examination	\$0 - \$275.00
Therapeutic Techniques/ Exercises	\$ 15.75 - \$35.00

Our clinic likes to have a clear understanding with our patients as to our office policies and fees. Therefore this form has been prepared for your convenience. Our main concern is your health and well-being and we will do our absolute best to help you achieve your goals. If you ever have any questions regarding your insurance account please as the front desk.

Important: All patients with or without insurance are responsible for payment at the time of service. We do not send out patient statement/ bills. If a statement is sent for services due, a \$10 billing fee will be added each month that a statement must be sent unless prior arrangements are made with the front desk.

Today's payment will be made by: Check _____ Cash _____ Debit/ Credit _____

Insurance: Please provide the front desk with your insurance card(s) and a copy of your driver's license for security reasons. If you are seeking care as a result of a motor vehicle collision and or work related injury, please inform the front desk so that the appropriate forms may be filled out.

Agreement: My signature bellows signifies my agreement to pay in full (if I have no insurance or if I have not provided Owens Chiropractic PS with the necessary documents and information in order to bill my insurance.

I have read and agree to the above billing statement.

Patient Signature _____

Date _____

Witness _____

Date _____