



Welcome to Performance Wellness. We are happy that you are here. We know that you are interested in finding out answers to your health concerns, and your health needs are our number one priority.

We also recognize that you may have questions in regards to your financial responsibility (out of pocket expense) to our office.

For our patient's benefits, we have simplified our new patient fee structure.

**Consultation: Complimentary**

Meet the Dr. and discuss your health concerns, and determine if our office can provide the care that you need to address those concerns.

**Examination: \$130**

A full comprehensive examination to determine the cause of your concerns. *This doesn't include any X-rays that may be needed.*

The \$130 is payable today. Once we have verified your insurance benefits, any overpayments will be applied to your future visits—if you have insurance. Every insurance plan is individual and has its own definitions of what is and isn't covered under Chiropractic. You will receive a financial report when you receive your Report of Findings. This plan does not apply to auto accidents or work related injuries.

**I understand and have been made aware of the above payment options. I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that Performance Wellness will prepare any necessary reports and forms to assist me with collecting from insurance companies. I understand that having insurance is no guarantee of payment, and I agree that I am responsible for all services received at Performance Wellness. I understand that payment is due in full at time of service. I understand that if I should discontinue my care for any reason, the balance of my account will be immediately due and payable. Any amounts remaining from prepayments will be refunded within 14 days following receipt of final insurance payments.**

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**Signature**

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**Printed Name**

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**Date**