

FINANCIAL AGREEMENT

the purpose of this agreement is to clarify your financial responsibilities so we can devote our efforts to helping you to get the

| PROCEDURE | PURPOSE | WHEN PERFORMED | FEE |
|--|--|---|--|
| CONSULTATION | Meet with the doctor, discuss your reasons for being here, review your case history | First visit, new injuries, or new condition | No charge |
| EVALUATION / EXAM | Ascertain the nature and severity of your health problem. Assess and evaluate your new or current health status and determine and appropriate course of action | First visits, new conditions, exacerbation's, and progress examinations | \$60. -.\$150 |
| DIAGNOSTIC IMAGING (X-RAYS, SEMG AND THERMAL SCANS) | Visualize the location of spinal problems and confirm other exam findings. | As necessary for 1st visit, re-injuries and progress examinations | \$25. -.\$150. |
| CHIROPRACTIC ADJUSTMENTS | Reduce and remove the Vertebral Subluxation Complex | As indicated by examination and evaluation | \$35. - \$55. |
| MASSAGE THERAPY | Stress reduction, speed healing process, provide muscular relief and increase circulation | As indicated by examination and evaluation and interest of patient | 1/2 hour = \$40. 1 hour = \$65. 1 1/2 hour = \$90. |
| NUTRITIONAL EVALUATION | Access any nutritional imbalances or toxins that may be contributing to or compromising your body's ability to heal and function at it's optimal state | As indicated by examination and evaluation and interest of patient | \$40. |
| EXTENDED COMPREHENSIVE SESSIONS | Explore the relationship between the structure, chemical / nutritional and emotional components of healing and wellness. Often resulting in quicker progress toward health objectives. | As indicated by examination and evaluation and interest of patient | 1/2 hour = \$85. 1 hour = \$170. |

Forms of Payment

We accept cash, personal checks, Visa, Mastercard, Discover, Tradebank, and Compass Card. Payment is expected at time of service unless other arrangements have been made. Services may be paid for in advance.

Insurance / Third Party Pay

As a service to you, we will be happy to file your insurance claims and accept payment from your insurance company. After verifying coverage, we will explain what portion of your bill is expected to be paid by your insurance company. It is important to understand that you are still responsible to pay for services provided to you. If you would like our staff to check your chiropractic benefits, please present your insurance card when you return these forms and please sign after the following statements.

I authorize the release of health or other information necessary to process any claims. I also authorize payment of chiropractic benefits to be paid to the Atlanta Natural Health Clinic . _____

Special Arrangements

We have never denied anyone the benefit of chiropractic care due to their inability to pay our published fees. Individual contracts can be designed to help specific financial needs. The most important thing to us is that people are given what they need.

Billing

Billing is taken care of at the front desk unless other arrangements need to be made.

Preferred Chiropractic Doctor (PCD)

Dr. Hurd is a participating provider with a national organization that legally allows us to reduce our fees for participating members. PCD membership is available to all patients. Reduced fees are only applicable when insurance reimbursement is not going to be used. Annual fees are \$30. per individual and \$45. perfamily. You can join here or online at www.bewell2.com.

*I have read and agree to this financial agreement.
Signature of patient:*

Date: