

Financial Policy

For your convenience, we accept cash, check, debit cards (including FSA & HSA), and all credit cards. For those concerned with being able to afford care, we have payment plans and hardship options available. Eligibility is determined on a case by case basis, so if you have special financial circumstances, please ask us for information.

Our fees are determined based on the amount of time spent with the doctor. The following is an estimate of our basic fee schedule:

Consultation (15-30 minutes):	\$ 50 – 100	Re-exam, Gait/Shoe Eval (30 min):	\$ 95
New Patient Exam (60 minutes):	\$ 200-220	Nutrition/Supplement Evaluation:	\$ 50 – 180
Chiropractic Treatment (20-30 min):	\$ 85	Manual Therapy/ Cupping (15 min):	\$ 85
Acupuncture (30 min):	\$ 65	Counseling (Nutrition, Preventative):	\$ 50 – 150
Low Level Laser (15 minutes):	\$ 40	Virtual medicine or phone (15-50 min):	\$ 45 – 160
Group Therapy/ Class (55 minutes):	\$ 45	Therapeutic exercises (15 min):	\$ 50

There will be a separate fee for all dispensed items such as nutritional supplements, orthotics and laboratory tests. Payment is expected in full at the time that services are rendered.

I understand that I do not have insurance or have chosen not to have Kinesis Healthcare bill my insurance for their services. I thereby release Kinesis Healthcare from billing any third party for coverage of services. Any future insurance billing of these visits will not be the responsibility of Kinesis Healthcare.

I understand that I will be provided with a Superbill containing all codes and information necessary for me to apply for reimbursement from my insurance company. I understand that my eligibility for reimbursement depends upon the specifics of my insurance plan. I understand that if I have questions about my plan, deductible, or policy limits, I may ask Kinesis Healthcare for an Explanation of Benefits (EOB).

Please keep in mind that each missed appointment is not just time lost for the doctor, but also time when other patients cannot be seen. **I understand that 24 hour advance notice is required to cancel an appointment to avoid a \$ 50 cancellation fee. I consent to Kinesis keeping my current credit card information on file, to be used in the event that this cancellation policy is abused.** In the event of repeated offenses, we will require missed appointment fees to be paid before another appointment can be scheduled.

Arriving more than 15 minutes late to your appointment constitutes a missed appointment; we may need to reschedule, as it is not fair to ask the patients after you to wait. Please call our office if running more than 15 minutes behind. We will do our best to work with you to get you in.

I, _____, understand and agree to the above policy.

_____ Print Name	_____ Credit Card Type
_____ Signature (of Parent or Guardian if a minor)	_____ Expiration Date
_____ Date	_____ Billing Zip Code
	_____ CVV (3 digits on back)

Name as it appears on card: _____ Card # _____