



Dr. Jamie Clouse
Webster Certified Family Chiropractor

Office Fee Schedule and Financial Policy

Initial Exam Chiropractic Exam	\$125
Re-Activation/Re-Exam (Chiropractic)	\$70
Adjustment/KST	\$55
Emergency/After Hours Charge	\$50
No Show/Late cancellation fee	\$55

IMPORTANT - PLEASE READ COMPLETELY

We are committed to providing you with the best chiropractic care possible in a caring environment and have establish our financial policies to achieve that goal. You will be expected to pay for you chiropractic care at the time the service is rendered. We also, kindly, request a 24 hour notice should you need to cancel or reschedule your scheduled appointment. **Any cancellations less than 24 hours prior to your scheduled appointment (this includes no shows), will result in an invoice being sent or card on file being charged for the FULL OFFICE VISIT FEE.** Dr. Clouse is happy to consult with you over the phone via text message. Should you need assistance and would like Dr. Clouse to do any work with you over the phone, there will be a \$50 after hours/phone visit fee. These fees will be collected via venmo or credit card on file.

_____ PLEASE INITIAL THAT YOU HAVE READ AND UNDERSTAND OUR 24-HOUR CANCELLATION/NO SHOW POLICY

It's important that you know we **DO NOT** bill insurance, and you will be required to pay for your care at the time services are rendered. If you have insurance that covers chiropractic, we are happy to provide a superbill for you to seek reimbursement on your own. Remember, your relationship is between you and your insurance company. Dr. Clouse will not communicate with your insurance company for you.

You may pay for your care with credit card/debit card, cash, or HSA visa/mastercard. Dr. Clouse will not be accepting regular venmo payments for care going forward with the new rules that have been placed on apps such as venmo, zelle, cash app, etc. Venmo will be accepted only in emergent cases where other payment cannot be provided on the particular date of service. If it becomes a regular occurrence, we will place a credit card on file to avoid future need for venmo usage.

_____ PLEASE INITIAL THAT YOU UNDERSTAND OUR PAYMENT POLICY

I have read and I understand the above policies.

Patient Signature

Date