



**Unbroken Body Chiropractic**  
**1280 Diamond Way**  
**Concord CA 94520**

**Advance Notice of  
 Patient Financial Responsibility for Non-Covered Services 2024**

If a referral for chiropractic services is required, it is the patient's responsibility to request a referral from their primary provider.

We use a fixed fee schedule to bill insurance between the lowest fee of \$165.76 and the most expensive fee of \$635.82. We collect a discounted Office Visit Fee at time of service.

The new patient Office Visit Fee of **\$100** (for ages 0 to 17 and 65 to 79) or **\$125** (for ages 18 to 64) includes a 40 minute appointment, co-pays, and non-covered services.

The Office Visit Fee of **\$68** (for ages 0 to 17 and 65 to 79) or **\$85** (for ages 18 to 64) includes a 20 minute appointment, co-pays, and non-covered services.

We accept cash, check, and credit cards. Payment is expected at time service. Insufficient funds fees, non payable check fees are the responsibility of the payer.

Our Office Visit Fee includes these non-covered services:

**Active Release Techniques®**  
**Selective Functional Movement Assessment®**  
**Functional Movement Screen®**  
**Rapid Release®**  
**Cupping**

**Fundamental Capacity Screen®**  
**Instrument Assisted Soft Tissue Management (Smart Tools®)**  
**Deep Soft Tissue Adjustment**

Insurance contracted benefits commonly include *chiropractic manipulative therapies, manual therapies, physiotherapies and exams*. We are required to submit claims on your behalf. Your insurance company will consider payment after we submit a claim, however this does not ensure your insurance company will make a payment. Insurance payments may go toward your deductible or may be denied entirely. Please note that "Full Coverage" insurance plans do not cover the full amount billed, but only up to the insurance company's allowed contracted benefit amount.

Insurance payments billed by our office are delivered directly to this office. Once payments are processed the patient will be notified by email. The allowed contracted benefit amount, (the amount we received) will be automatically forwarded and applied to the payment method used for the Office Visit Fee.

Our office will attempt to submit claims on your behalf up to a period of 60 days or 4 submissions/denial reviews, whichever comes first. After this time period, it will be the patient's responsibility to contact their insurance company for further action.

Frequent visit recognition:

- 5 visits- Pre-paid Package @ \$68 per visit\* **\$272**
- 5 visits- Pre-paid Package @ \$85 per visit\* **\$340**

\*We bill each appointment at its full cost at the time of your visit. If you choose to terminate treatment early, you will be reimbursed only the remaining money after previous appointments were billed at full cost.

Additional discounts available for:

- Referrals, teachers, and financially single parents of minors (Please inquire in office)
- Discounts only apply to doctors visits.
- Over 80 - non-covered costs are waived, co-payment only

We reserve the right to change our product's prices at any time without further notice. However, if you have scheduled care that you have not received, we will honor the price at time of scheduling

Print Name

Date

Signature

I understand I may request an electronic copy of the signed document.