

Fees & Privacy Information

Examination (includes all in office tests) \$ 80.00

Adjustment (treatment session) \$40.00

We respect your privacy. None of your information will be shared with anyone unless we have your prior written consent. This is done for your protection in accordance with current privacy legislation.

If you have been involved in a motor vehicle accident, you are responsible for all fees pending approval of payment from your auto insurance company.

We do not accept WSIB/WCB claims. If your complaint is a WSIB claim, please let us know. We can refer you to a practitioner who does accept WSIB Claims.

The Examination Fee includes the Report of Findings. We will have a separate appointment to review the results. This is done to ensure a complete review of your case and if chiropractic care is appropriate. If necessary, you will be referred to another practitioner who can better help you.

I fully understand the above fees and give my consent for consultation, examination and I understand that you protect my personal information.

I give my consent for the doctor to perform or request any tests deemed necessary, including x-rays, to understand my problem, possibly treat my condition and monitor my progress.

Signature _____ Date _____

(Parent/Guardian required to give consent if patient under 18 years of age)