Terry Weyman, D.C., C.C.S.P.
Aaron Schneider, D.C.

Patient Financial Responsibility- Other Services

During the course of your treatment, the doctor may prescribe other therapies that are not covered by Health Insurance, or may be limited to a maximum benefit under your insurance. You will be responsible for these other services at the time the service is rendered. These services will be discussed with you prior to treatment between you and your doctor in regards to your care.

Spinal Decompression Therapy	$60 per session ; $340/pkg 6; $650/pkg 12
Pulsed ElectroMagnetic Therapy	$50 per session or/ $225 pkg 5/ $400 pkg 10
Mild Hyperbaric Chamber	$100 per 1-hour session or/ $950 pkg 10 hours
Laser Therapy	$15
Cranial Myofacial Release	$15-$50
Kinesio Taping	$5-$15
Electrical Stimulation	$15
Cupping	$15-$25
Shockwave Therapy	$85 -$720
Functional Health Baseline	$295

All Vitamins, Durable Medical Equipment and Supplies

I acknowledge that I have reviewed my coverage options and that I have been told in advance of treatment and what portion of my care I will have to pay for, including non-covered services as described above.

Signature Date

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