



Cancellation, No Show and Self Pay Price Increase

To keep up with industry standards of a chiropractic practice in the current competitive market, effective October 18, 2021, Lake Jackson Chiropractic and Rehab Center will be adjusting prices for all existing and incoming patients.

Pricing adjustments are as follows:

Cancellation and No-Show Fee

All cancellations made the day of your scheduled appointment will be charged the cancellation fee of **\$25.00**. To avoid a cancellation fee, please make sure to cancel your appointment, during business hours, the **day before** your scheduled appointment. Failure to show for a scheduled appointment will result in a **\$40.00** No-Show Fee.

Self-Pay Patient Price Increases

<ul style="list-style-type: none"> 98943 (extra-spinal) Extremities only, no spinal regions, stretching or myofascial work, etc.) 5-10 Minutes 	\$25.00
<ul style="list-style-type: none"> 98940 (1-2 regions) Adjustment only (no stretching or myofascial work, etc) 5-10 Minutes 	\$40.00
<ul style="list-style-type: none"> 98941 (3-4 regions) Adjustment only (no stretching or myofascial work, etc) 10-15 Minutes 	\$50.00
<ul style="list-style-type: none"> 98942 (5 regions) Adjustment only (no stretching or myofascial work, etc) 10-15 Minutes 	\$60.00
<ul style="list-style-type: none"> 30-minute Appointment: (Time of service discount) Multiple region Adjustment (1-4 region), Stretching and/or Myofascial Release/Graston 	\$65.00
<ul style="list-style-type: none"> 15-Minute Graston One or multiple region Graston therapy, not involving any stretching or spinal adjustments 	\$30.00
<ul style="list-style-type: none"> 60-Minute New Patient Appointment Initial Exam and full 30-minute Adjustment Appointment 	\$115.00
<ul style="list-style-type: none"> 45-minute Re-Exam Appointment Re-Exam and full 30-minute Adjustment Appointment 	\$85.00
<ul style="list-style-type: none"> Kinesio Taping/Rock Tape/ Dynamic Tape (per region) 	\$15.00
<ul style="list-style-type: none"> Traction/Decompression 	\$35.00
<ul style="list-style-type: none"> Ultrasound Therapy 	\$25.00
<ul style="list-style-type: none"> Electrical Stimulation 	\$25.00
<ul style="list-style-type: none"> 45-Minutes Nutritional Consoling Appointments 	\$75.00

I, _____ (print patient/guardian name) have read through the above pricing changes and agree to pay the adjusted fees.

Patient/Guardian Signature _____

Date _____