



College Student Discounted Treatment

This program is in place to help those college students that may not have chiropractic coverage on their insurance or do not have insurance at all. This is a time of service program.

Those with current health insurance that covers chiropractic care are excluded from this program.

This program is offered only to those currently enrolled in a college or university. To qualify, a valid student ID and printout of their current school schedule will be collected and kept on file for verification. This process will need to be done annually to continue to qualify.

The treatment that is included in this program is limited to: soft tissue manipulation, which may or may not include Instrument Assisted Soft Tissue Manipulation, Chiropractic adjustments, which may or may not include full spine and extremity adjustments, nutritional counseling, patient education, and rehabilitation exercises. The first appointment will include an initial exam. This will cost an additional fee because of the thorough assessment done to discover the correct diagnosis and establishing a proper treatment plan. The subsequent visits will not include this exam fee unless a new or different problem arises during the course of treatment and another exam is necessary for further treatment.

This program does not apply to the cost of any additional supplies available for the patient to purchase. This includes but is not limited to: tape, exercise bands, foam rollers, wraps, and/or creams and lotions. This program also does not include the cost of any additional tests, such as x-rays, MRI, lab tests, that may be needed for further examination.

Cost of treatment will be a flat fee of \$50 for an initial visit or new problem and \$30 for any follow up or subsequent visits. Treatment must be paid in full at time of treatment, otherwise this discount is forfeited.

If any questions should arise, please ask the front desk prior to treatment. I acknowledge that I have read and understand what is and what is not included in this program and that payment must be made in full on day of treatment.

Patient Signature: _____

Date: _____