

NOTICE TO NEW PATIENTS:

THIS OFFICE HAS A \$29 NEW PATIENT SPECIAL THAT IS PATIENT RESPONSIBILITY REGARDLESS OF YOUR INSURANCE COVERAGE. THIS FEE IS FOR THE EXAM, CONSULTATION AND ANY XRAYS NEEDED, DOES NOT INCLUDE ANY ADJUSTMENTS OR THERAPIES AND IS DUE REGARDLESS OF ANY DEDUCTIBLES OR CO-INSURANCE YOU MAY HAVE.

BY SIGNING THIS, YOU UNDERSTAND YOU ARE RESPONSIBLE FOR THIS AMOUNT AND IT IS DUE AND PAYABLE UPON COMPLETION OF YOUR FIRST VISIT. THANK YOU, DR. PATRICK AND STAFF.

PATIENT SIGNATURE: _____ DATE: _____