



SELF-PAY CONTRACT

At Gallatin Chiropractic Clinic, we understand not everyone has insurance benefits that include chiropractic care. That is why we offer services to those without coverage at affordable and comparable rates. By signing below, you agree to pay the listed rates at the time of service. Please see the front desk with any questions or concerns.

Costs of services

New Patient Exam	\$50
Adjustment & therapy	\$60
Age 10 & under	\$30
Age 11-15	\$40
Monthly Option	4 for \$200
Medicare-age Price	\$45
Military Price	\$54
Cervical X-ray	\$60
Thoracic X-ray	\$70
Lumbar X-ray	\$70

I, _____, agree to the self-pay contract with Gallatin Chiropractic Clinic. I agree to pay for the services rendered on the date of service.

Patient/Guardian Signature: _____ Date: _____

Staff initials: _____