



Monmouth Advanced Medicine LLC
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Advanced Therapies Personalized Care

Affordable Chiropractic and Health Plan Agreement

Let's Stop the Pain Cycle of Care and Get Healthy

The Affordable Chiropractic Health Plan is very simple and based on the fact that many patients only require regular, short duration and minimal therapies to achieve excellent results. The cost per a visit is \$25 after a yearly membership fee of \$500. This fee structure offers a dramatic savings when compared to our typical fee of \$75+ a visit. The average time for each visit will be 6-8 minutes. If you require additional time, therapies or procedures they will be available.

The goal of the Affordable Chiropractic and Health Plan Agreement is to make regular chiropractic appointments available at a reasonable price. Regular chiropractic care has been shown to improve patients' physical, emotional and biochemical health.

Guidelines:

1. No insurance billing will be done for this plan, but you may submit on your own.
Utilized billing codes : 99205 and 97140
2. Auto Accidents, Workman's Comp and other legal cases cannot be done under this plan
3. If a refund is requested it will be calculated at; initial visit \$150, follow up sessions \$75
4. The program can only be halted for documented medical reason or a legal issue
5. The sessions are for chiropractic adjustment and muscle work only
6. The following therapies are not included; kinesiotaping, laser therapy, hot packs, ultra sound, IDD therapy, electric stimulation, or nutritional counseling. These services may be offered at a discounted price if required or requested.
7. A \$25 fee will be charged for all appointments not canceled with 24 hour notice
8. This is not an insurance plan, but a payment option for chiropractic care at Monmouth Advanced Medicine. This plan does not extend beyond at Monmouth Advanced Medicine.
9. Elective Service Fees: Nutrition and Laser Therapy: \$25 additional
IDD Therapy: \$75 additional

I have read and fully understand the above guidelines and would like to join the The Affordable Chiropractic and Health Plan at Monmouth Advanced Medicine. All of my questions and concerns about the plan, my health condition, my treatment and risks have been answered.

Patient Signature _____ Date _____

