

FEE SCHEDULE

As of January 1, 2002 BC Medical no longer provides coverage for Chiropractic, Naturopath, Physiotherapy or Massage treatments, they will pay for a portion of your visit if you are on Premium Assistance. If you qualify for assistance, then you are allowed 10 visits per year total between all four areas of care. For example if you have used up 1 visit for Chiropractic care and 1 visit for Massage care you only have 8 visits left to use amongst the four areas. If you have extended health care coverage you may submit your receipts to your carrier for reimbursement.

Listed are the fees you are responsible for:

	Regular You Pay	Premium Assistance Visits	Premium Assistance Visits Expired
Initial Visit (includes SEMG Scan)	45.00	20.00	After your 10 premium assistance visits have been used up, subsequent visits will be 23.00 each.
Subsequent Visit	35.00	10.00	
Re-evaluation Visit including SEMG Scan	35.00	10.00	

INFORMED CONSENT TO CHIROPORACTIC TREATMENT

There are risks and possible risks associated with manual therapy techniques used by doctors of chiropractic. In particular you should note:

- a) While rare, some patients may experience short term aggravation of symptoms or muscle and ligament strains or sprains as a result of manual therapy techniques. Although uncommon, rib fractures have also been known to occur following certain manual therapy procedures;
- b) There are reported cases of stroke associated with visits to medical doctors and chiropractors. Research and scientific evidence does not establish a cause and effect relationship between chiropractic treatment and the occurrence of stroke rather, recent studies indicate that patients may be consulting medical doctors and chiropractors when they are in the early stages of a stroke. In essence, there is a stroke already in progress. However, you are being informed of this reported association because a stroke may cause serious neurological impairment or even death. The possibility of such injuries occurring in association with upper cervical adjustment is extremely remote;
- c) There are rare reported cases of disc injuries identified following cervical and lumbar spinal adjustment, although no scientific evidence has demonstrated such injuries are caused, or may be caused, by spinal adjustments or other chiropractic treatment;

I acknowledge I have read this consent and I have discussed, or have been offered the opportunity to discuss, with my Chiropractor the nature and purpose of Chiropractic treatment in general (including spinal adjustment), the treatment options and recommendations for my condition, and the contents of this consent.

I consent to chiropractic treatments offered or recommended to my by my Chiropractor, including spinal adjustment. I intend this consent to apply to all my present and future Chiropractic care.

Dated this _____ day of _____, 20_____.

Patient Signature (Legal Guardian)

Witness Signature

Name: _____
(Please print)

Name: _____
(Please print)