



Dr. Nick Cress DC, CAc, LMT, RYT
1420 NW 2nd Ave Boca Raton, Florida 33432
561.617.1923

Patient Scheduling & Fees Agreement

I _____ (**Print name**) agree to pay the fees below in full, at time of service.

I understand that missed appointments and same day cancellations are subject to the fees listed below. These fees will be added to my account and are expected to be paid at my next visit or within 30-days.

I understand that only cash, credit card or checks are accepted for payment, and insurance is not accepted in our office.

Appointment Scheduling

I understand that appointments are scheduled based on time slots which depends on the type of therapy and how much care I'm in need of or request. Services and fees are outlined below, all my questions will be answered during my visit or by calling/ emailing the office.

_____ (**Sign**) _____ (**Date**)

Initial Consult~ 1 hour

Includes preliminary detailed patient assessment, applied kinesiology protocols, soft-tissue and manual therapy & adjustments
\$250.00

Therapy Session~ 1 hour

Includes applied kinesiology protocols, soft-tissue and manual therapy & adjustments, rehab and/or corrective exercise
\$250.00

Therapy Session~ 30 minute

Includes applied kinesiology protocols, soft-tissue and manual therapy & adjustments, rehab and/or corrective exercise
\$150.00

Therapy Session~ 15 minute

Includes applied kinesiology protocols and adjustment
\$75.00

Missed Appointment Fees

**** Fees below will be incurred by the patient for same-day cancellations or when appointments are missed by the patient.**
Fees are 50% of appointment fee. Please give us 24 hours advance notice of any scheduling conflicts so that we may accommodate your scheduling needs. We understand things happen and are committed to working with our patients.

Missed Appointment Fee (15 minute)

\$37.50

Missed Appointment Fee (30 minute)

\$75.00

Missed Appointment Fee (1 hour)

\$125.00