



Dr. Nick Cress DC, CAC, LMT, RYT  
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### **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. If I have a card on file, my card will be charged the day of the missed appointment.

### **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.  
Nutrition/ supplement consultation if pertinent.  
**\$250.00**

#### **Therapy Session~ 1 hour**

Includes detailed applied kinesiology protocols, soft-tissue and manual therapy & adjustments, rehab and/or corrective exercise.  
Nutrition/ supplement consultation if pertinent.  
**\$250.00**

#### **Therapy Session~ 30 minute**

Includes detailed applied kinesiology protocols, soft-tissue and manual therapy & adjustments, rehab and/or corrective exercise.  
Nutrition/ supplement consultation if pertinent.  
**\$150.00**

#### **Adjustment Appointment**

Includes detailed, thorough chiropractic adjustment with basic applied kinesiology protocols. Duration 10-15 minutes.  
**\$75.00**

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**Please note:** If your therapeutic needs exceed your session time, you may be charged for the time spent in your session regardless of the type of appointment initially booked. Please call our office to discuss your health and help you decide on the best appointment for your needs.

### **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**