

**Dr Robert C Slater BA, MSC, CME, CCN, CAp, DACO, DC**  
**Healing Hands**

**Client Time of Service Agreements and Expectations**

Patient Expectations: expect to be received in a prompt, friendly and professional manner at all times, receive state of the art spinal/extremity, acupuncture treatment or nutrition support. Be assured the knowledge that at Healing Hands Wellness LLC we are your health partners for life.

Arrival: Verbally check in at the front desk, take off neck or ear jewelry that may interfere with your treatment, place cell phone on vibrate, and as requested schedule all future visits in advance.

All Time of Service Fees schedules noted below are agreed to by paid in full by the patient on the session of service.

- \$75.00 (\$150.00) [99203] for examination/consultation [50% discount]*
- \$55.00 (\$110.00) [99213] for re-examination/consultation [50% discount]*
- \$50.00 (\$100.00) [98941] for 3-4 Region Chiropractic Manipulative Treatment [50% discount]*
- \$50.00 (\$100.00) [97810] for 15-minute acupuncture sessions [50% discount]*
- \$35.00 (\$70.00) [98943] for Extremity/Cranial Chiropractic Manipulative Treatment [50% discount]*
- \$25.00 (\$50.00) [97010] for modality [Hot/cold, EMS, US, mechanical traction] [50% discount]*
- \$25.00 (\$50.00) [97140] for procedure [manual traction, manual therapy] [50% discount]*
- \$25.00 (\$50.00) [97110] per service [exercise therapy/instruction] [50% discount]*

**Acknowledgement of Fees and Time of Service Agreement**

**Patient's printed name and signature with date.**

**Name/Date:**

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