



APOLLO CHIROPRACTIC HEALTH AND WELLNESS, LLC

6911 Taylor Ranch Rd NW, STE C-8, Albuquerque, NM 87120
Phone: (505) 792-3311; email: apollo-chiro@comcast.net

FINANCIAL POLICY

Fees for Service are currently in effect as of 4 January 2021

- Patients using their Insurance Plan.
 - Presbyterian Health Plan. Please submit your Insurance Card with your Intake Packet.
- Self-Paying Patient:
 - New Patient intake, history, examination and chiropractic treatment: \$80.00
 - New Patient intake, history, examination and chiropractic treatments: senior rate (age 65+) and student rate (age 14+ with school ID) \$65.00
 - New Patient intake, history, examination and chiropractic treatment Child Rate 0-13: \$55.00
 - We offer 10% discount to Teachers, Active Military, Retirees, Military Spouse, COA Employees.
 - Current patient routine office visits \$60.00
 - Current patient routine office visits senior rate (age 65+) and student rate (age 14+): \$55.00
 - Current patient routine office visit Child Rate 0-13 years \$40.00
 - Massage Rates: 30 minutes \$45.00 60 minutes \$75.00, and 90 minutes \$100.00.
 - Massage Senior Rates (age 65+): 60 minutes \$65.00
 - Taping 30-minute session: \$45.00
 - Cupping 30-minute session: \$45.00
 - Hot Stones 30-minute session: \$45.00
 - Physiotherapy 30-minute session: \$45.00
 - Personal Training 30-minute session \$45.00
 - Sports / Athletic Physical: \$40.00
 - Wellness Package 1 massage, 3 chiropractic treatments: \$220.00
 - Wellness Package 2 massages, 2 chiropractic treatments: \$230.00
 - Wellness Package 3 massages, 1 chiropractic treatment: \$230.00
 - Wellness Package 4 chiropractic treatments: \$200.00
 - Wellness Package 4 massages: \$250.00
 - Wellness Package Seniors (65+) 4 massages: \$210.00
 - Wellness Package Personal Training: \$150.00

Note: Apollo Chiropractic has a PATIENT NO SHOW for appointment policy fee of \$30.00 If for any reason you cannot keep your scheduled appointment time, please call the office no later than 24 hours of your scheduled appointment time. The NO SHOW fee must be paid prior to your next scheduled appointment.

1) All payments are due at the time of service.

I have read, understand and agree with the above financial policy.

Patient and / or Responsible Party Signature

Date