



**Chiropractic Offices of Gonstead, Stangl & Arkowski, LLC's**

Dr. MJ Gonstead  Dr. Melissa Stangl  Dr. Lisa Arkowski  Dr. Jennifer Gonstead  
503 E. Clairemont Avenue - Eau Claire, WI 54701 - 715-832-2223

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

We will bill your insurance company for your services. If these charges are denied as non-medically necessary; we may discount your services to our Time of Service (TOS) Agreement rate.

- Adjustment codes and billing charges: 98940(\$50), 98941(\$65)  
*Discounted TOS Rate: \$42 by credit card or \$40 by cash or check.*
- New Patient exam codes and billing charges: 99202(\$60), 99203(\$90), 99204(\$125)  
*Discounted TOS Rate: \$30-\$50, exponentially.*
- Re-Exam codes and billing charges: 99212(\$50), 99213(\$70), 99214(\$100)  
*Discounted TOS Rate: \$30 to \$50, exponentially.*

**Your insurance does not cover maintenance or wellness care.**

By signing today I understand that if my services are not covered, I will be financially responsible for the services provided.

\_\_\_\_\_  
Signature / Guardian

\_\_\_\_\_  
Date

\*\*\*\*\*By initialling for each date of service, I agree to continue care.

DATE	INITIALS	DATE	INITIALS	DATE	INITIALS

I would like a copy of this original document. YES  NO