



Patient Information

Date: _____

Name (last, first) _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ Phone (cell) _____ Email _____

Sex ____ Age ____ Date of Birth ____/____/____ Spouse/Partner's Name _____

Children (ages, names) _____

Occupation _____ Employer/School _____

Whom may we thank for referring you to our office? _____

Are you covered by MEDICARE? Yes / No Medicare number _____

Are you covered by MEDICAID or BADGERCARE?

NOTE: we are not a Medicaid/Badgercare provider and you will not receive reimbursement.

Is this an AUTO ACCIDENT case? Yes / No

Is this a WORKER'S COMP case? Yes / No Please provide contact information for the person at your place of employment that is authorized to accept liability for this case: _____

Fee Schedule – Chiropractic Services

Initial Exam and Office Visit (45-60 minutes): \$175 (Children under 18: \$130 / under 10: \$80)

Follow-up Office Visit (about 15 minutes): \$60 (Children under 18: \$50 / under 10: \$50)

Our goal at Fenske Holistic Healthcare Center LLC is to provide high quality, personal service that is responsive to the healthcare needs of our patients. We require payment for services at the time they are provided because we feel this allows us to focus on healthcare and not be distracted or influenced by the ever-changing time, monetary, and procedural restrictions of insurance providers. A high quality, informed interaction between a patient and practitioner requires time not only for a physical exam, but also for discussions regarding lifestyle and emotional concerns that are essential to providing comprehensive, holistic care. Every patient is a unique individual and Dr. Fenske will take the time to get to know and treat the individual in an effort to more effectively address the cause of health problems and not merely the symptoms. Please note, insurance companies generally cover 'structural' Chiropractic work but not Functional Medicine/Nutritional consultations, nutritional supplements, or preventative lab services. Any specific questions you may have about coverage for our services should be directed to your insurance company.

Please note that prices are subject to change without notice, the duration of each visit is approximate, and 24-hour notice is required to cancel an appointment without incurring a charge. Prices not only reflect the time spent with each patient but also the advanced training, expertise, and effort required to treat complex health conditions. We accept payment by cash, check, or credit card (MasterCard or Visa).

X Patient Signature _____ Date ____/____/____

Parent/Guardian _____ Date ____/____/____

(The signature of Parent/Guardian hereby authorizes Dr. Nicole Fenske to provide care for the minor child listed above.)