

SIEGEL CHIROPRACTIC, L.L.C.

Bennett E. Siegel, B.S., D.C.

28 East Main Street

Avon, CT 06001

(860) 674-1992

Dear _____,

Welcome to Siegel Chiropractic, L.L.C.! Allow me to sincerely thank you for selecting me as your personal family Chiropractor. I'm sure you'll find chiropractic to be a terrific and beneficial approach to better health and energy, as millions have around the world. All of us are committed to providing you with the best possible care. If at any time you have any questions, or if you should require our assistance in any way, please do not hesitate to call our office. We will respond as quickly as possible.

Now that you have scheduled your first appointments with us, we would like to address the most frequently asked questions our new patients have: What are the fees? What about your insurance coverage? Where is the office located?

Your first appointment, your New Patient Exam, is scheduled for _____, _____ at _____ am/pm. The appointment is approximately forty-five minutes long. It includes a thorough health history and Chiropractic exam. The fee of \$300.00 covers the history/consultation part of the exam. The fee for any needed supplements will be determined at that exam. Services are due and payable by you at this visit. If you have any recent x-rays, scans or lab tests, it is often helpful to bring them with you.

Your Report of Findings is scheduled for _____, _____, at _____ am/pm. This is a thirty minute appointment. I will review with you the results of your New Patient Exam and discuss the type of care and schedule I feel will be most helpful for you. You will be treated after our discussion. The report is included in the cost of your initial exam, but there is a fee for your adjustment, supplements, etc.

We do not participate with any insurance, but if you have out of network coverage, you may be reimbursed for your visits. We are pleased to provide you with the necessary documentation to submit to your insurance provider.

If for any reason you cannot keep your appointments we require 24 hours notice for cancellation or you will be charged a \$50.00 missed appointment fee.

We have enclosed a form for you to complete and bring with you for your New Patient Exam. Directions to our office are also enclosed.

We look forward to thanking the person who referred you to our office. We hope someday to be thanking you too.

We feel that each new patient we accept, from infants to Senior Citizens, deserves the best health care that Chiropractic can provide and we are looking forward to helping you on the fastest road to recovery!

Very Truly Yours,

Bennett E. Siegel, D.C.

Enclosures

BES/cs