A Different Kind of Chiropractor/Practitioner

I am not your typical chiropractor. I offer a highly individualized service.
Hands on sessions generally last 50 minutes with me, and include lots of specific feedback about how your body moves or doesn't move.
I offer a wide range of modalities tailored specifically to your body's needs.

Services include:

- Advanced non-force Chiropractic technique
- Craniosacral Therapy*
- Feldenkrais Method*
- Nutritional Counseling and Nutrition Response Testing*

As such, I tailor my choice of services to your body's needs; rather than treating all ills with a limited set of skills. (As they say, 'If you only have a hammer, everything looks like a nail.')

My goal is SIMPLE: **Transformative Results** in a relatively short amount of time.
Results that you will begin to notice after only a few sessions.

* Craniosacral Therapy for example is excellent for past trauma and for past injuries that haven't healed properly and are still causing pain.

* Feldenkrais (Awareness through Movement) retrains how you move, which leads to more movement possibilities and efficiency of movement. i.e. ease and freedom of movement and less pain.

* Nutrition Response Testing looks at what nutrients your body is needing and what is interfering with your body's innate healing mechanism - the Autonomic Nervous System.

Feldman Wellness Center Financial Policy

You need to know:

- I can't know how much your treatment will cost until after I've examined you, because everyone presents with his/her own specific set of concerns/problems. And my treatment is specific to you.
- The first visit for a comprehensive initial visit and treatment costs **$260**.
- After your initial consultation, my fees are:
    - Single follow-up session**: $225** (50 minutes)
    - Follow-up series: 3 sessions (50 minutes each) for discounted cost of **$570** ($190 per session)
    - Follow-up series: 6 sessions (50 minutes each) for discounted cost of **$1140** ($190 per session)
    - Chiropractic: $75
    - NRT: $75

WE DO NOT ACCEPT INSURANCE. We will help you submit your claim and you will receive benefit directly.

Any unpaid bills are your responsibility and are due immediately.

Signed:

Patient Name _____ **Dr. Name _____**

Signature_____ **Signature _____**