** CLINIC FEES (As of January 2024)**

It is the patient’s responsibility to cover the total cost of all fees related to their care. The fees offered by this office are designed according to specific qualifications of your practitioner and are well within the recommendations set by the Ontario Chiropractic Association, Canadian Association of Naturopathic Doctors, College of Physiotherapists of Ontario, and Registered Massage Therapists’ Association of Ontario.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHIROPRACTIC****Initial Examination:**

|  |  |
| --- | --- |
| ADULT | $100.00 |
| CHILD (4 to 14yrs) | $120.00 |
| INFANT/TODDLER (up to 4yrs) | $150.00 |
| PRENATAL >30 weeks | $130.00 |
| SENIOR (65yrs +) | $90.00 |
| STUDENT (Univ./College – Full-Time)  | $90.00 |

 **Subsequent Visit:**

|  |  |
| --- | --- |
| ADULT/CHILD | $52.00 |
| SENIOR | $44.00 |
| STUDENT (Univ./College – Full-Time) | $44.00 |
| HOME VISITFAMILY PLAN (4+ under reg care) | $95.00$47.00 |

|  |  |
| --- | --- |
| **Special Visits:** REPORT OF FINDINGS | $77.00 |
| PROGRESS EXAMRE-ASSESSMENT (>3 months, new injury, worsening symptoms) | $67.00$70.00 |
| REACTIVATION (>1 year) | $95.00 |
| EXERCISE THERAPY | $65.00 |
| MISSED / CANCELLED APPTS | See Policy |

**CUSTOM ORTHOTICS + SHOE COSTS**CUSTOM ORTHOTICS $500.00TIER 1 SHOES + ORTHOTIC $580.00TIER 2 SHOES + ORTHOTIC $600.00TIER 3 SHOES + ORTHOTIC $670.00TIER 4 SHOES + ORTHOTIC $710.00BLUNDSTONE + ORTHOTIC $670.00BIRKENSTOCK + ORTHOTIC $700.00

|  |  |
| --- | --- |
| MISSED / CANCELLED APPTS | See Policy |

**HOLISTIC NUTRITION**INITIAL ASSESSMENT $150.00FOLLOW-UP (30-MINS) $75.00FOLLOW-UP (45-MINS) $113.00

|  |  |
| --- | --- |
| MISSED / CANCELLED APPTS | See See Policy |

**MASSAGE THERAPY**

|  |  |
| --- | --- |
| 30 MINUTES $75.00+hst |  |
| 45 MINUTES | $89.00+hst |
| 60 MINUTES | $105.00+hst |
| 90 MINUTES |  $140.00+hst |

**CLINIC HOURS (As of January 2024)**

|  |  |
| --- | --- |
| **Mon:** | 1:30 p.m. to 8:00 p.m.  |
| **Tues:** | 9:30 a.m. to 8:00 p.m. |
| **Wed:** | 9:30 a.m. to 8:00 p.m. |
| **Thurs:** | 9:30 a.m. to 8:00 p.m. |
| **Fri:** | 9:30 a.m. to 3:30 p.m. |
| **Sat:** | 9:00 a.m. to 12:00 p.m.  |
| **Sun:**  | CLOSED |

 | **PHYSIOTHERAPY**

|  |  |
| --- | --- |
| INITIAL ASSESSMENT/NEW INJURY | $120.00 |
| FOLLOW UP TREATMENT 30 MIN | $85.00  |
| REASSESSMENT (Same injury) | $95.00 |
| POSTURAL RESTORATION 1 HR FOLLOW UP | $170.00 |
| MISSED / CANCELLED APPTS | See Policy |
|   |  |
| **PAEDIATRIC PHYSIOTHERAPY** |  |
| INTIAL ASSESSMENT | $150.00 |
| FOLLOW UP TREATMENT 30 MIN | $100.00 |
| MISSED / CANCELLED APPTS | See Policy |
|  |  |
| **PELVIC FLOOR PHYSIOTHERAPY**  |  |
| PELVIC HEALTH ASSESSMENT | $150.00 |
| PELVIC HEALTH FOLLOW UP | $100.00 |
| MISSED / CANCELLED APPTS | See Policy |
|  |  |
| **Postnatal Core & Floor Rehabilitation** LEVEL 1: 4-WEEK PROGRAMLEVEL 2: 4-WEEK PROGRAM | $370.00$285.00 |
| MISSED / CANCELLED APPTS | See Policy |

**NATUROPATHIC MEDICINE****Initial Assessment:**

|  |  |
| --- | --- |
| INITIAL ASSESSMENT | $190.00 |
| INITIAL PREBIRTH ACUPUNCTUREINITIAL MSK ACUPUNCTURE  | $130.00$180.00 |
| B12 INITIAL APPOINTMENT | $45.00 |

**Subsequent Naturopathic Appt:**

|  |  |
| --- | --- |
| REGULAR FOLLOW-UPEXTENDED FOLLOW-UP  | $95.00$125.00 |
| B12 FOLLOW-UP APPOINTMENT | $20.00 |
| ACUTE APPOINTMENT | $55.00 |
| ACUPUNCTURE (30-Mins) | $85.00 |
| ACUPUNCTURE (1-Hour) | $120.00 |
| COSMETIC ACUPUNCTURE | $140.00 |
| MISSED / CANCELLED APPTS | See Policy |

**PSYCHOTHERAPY**

|  |  |
| --- | --- |
| 25 MINUTES with Laura Archer50 MINUTES with Laura Archer25 MINUTES with Jason Townsley | $72.50$145.00$85.00 |
| 50 MINUTES with Jason Townsley | $160.00 |
| 80 MINUTES with Jason Townsley | $224.00 |
| MISSED / CANCELLED APPTS | See Policy |

**PLEASE NOTE:** * All office fees are subject to change with prior notice to clients
* Payment is due upon services rendered unless other arrangements have been pre-approved
* Payments may be made by Debit, MasterCard, Visa, or cash
* A credit card must be put on file for missed and cancelled appointments
* Virtual visits carry the same fees as in person fees and CC will be billed after service is rendered
 |