

## DISCLOSURE OF FEES/PAYMENT POLICY

99201	New Patient Problem Focused Exam	\$ 70.00
99202	New Patient Evaluation and Management	\$ 95.00
99203	NP-Detailed History and Examination	\$140.00
99204	NP-Comprehensive History and Examination	\$150.00
99205	NP-Comprehensive History & Examination - 60min	\$175.00
99212	Established Patient Office Visit	\$ 50.00
99213	Est Pt-Expanded History and Examination	\$ 70.00
99214	Est Pt-Detailed History and Examination	\$100.00
99215	Est Pt-Comprehensive History & Examination - 40min	\$150.00
98940	CMT 1-2 Areas	\$50.00
98941	CMT 3-4 Areas	\$65.00
98942	CMT 5 Areas	\$80.00
97001	Rehab Pre- Exam	\$115.00
	Wellcare	\$50.00
98940	Medicare 1-2 Areas	\$50.00
98941	Medicare 3-4 Areas	\$65.00
L3020	Spinal Pelvic Stabilizers	\$500.00
97014	Russian Stimulation	\$20.00
97124	Massage 15 Minutes	\$40.00
97140	Manual Therapy	\$40.00
97010	Hot and Cold Packs	\$10.00
97012	Mechanical Traction	\$25.00
97032	Electrical Stimulation	\$40.00
97035	Ultrasound	\$35.00
97530	Kinetic Activities – per unit	\$40.00
97110	Therapeutic Exercises – per unit	\$40.00
97112	Neuromuscular Reeducation – per unit	\$45.00
97781	Acupuncture w/ Electrical Stimulation	\$100.00

I have read the above codes and fees and understand the cost of my care with my treating doctor. I understand that I am responsible for payment of all deductibles and co-payments related to my care. I understand if my balance is not paid per my financial agreement, I promise to pay any and all collection, court, and attorney fees in the collection of my account. I further understand that if my treatment is associated with a personal injury or accident claim, all medical bills will be paid at 100% of the above fee schedule regardless of the outcome of my case. I understand that if a check is returned for insufficient funds, I will be charged a \$25.00 service charge.

I further understand that if my insurance company declines payment, I authorize \_\_\_\_\_ to file small claims on my behalf against my insurance company as a method of collection. I further understand that I will be present at the court date if needed.

I have read and fully understand the above financial terms and prices.

Signed \_\_\_\_\_ Date \_\_\_\_\_