

## DISCLOSURE OF FEES/PAYMENT POLICY

99201	New Patient Problem Focused Exam	\$80.00
99202	New Patient Evaluation and Management	\$100.00
99203	NP-Detailed History and Examination	\$125.00
99204	NP-Comprehensive History and Examination	\$175.00
99205	NP-Comprehensive History & Examination-60 min	\$225.00
99211	Established Patient Problem Focused Visit	\$50.00
99212	Established Patient Office Visit	\$75.00
99213	Est. Pt-Expanded History and Examination	\$100.00
99214	Est. Pt-Detailed History and Examination	\$110.00
99215	Est. Pt-Comprehensive History & Examination-40min	\$155.00
98940	CMT 1-2 Areas	\$55.00
98941	CMT 3-4 Areas	\$65.00
98942	CMT 5 Areas	\$80.00
98943	CMT-Extremity	\$45.00
98940	Medicare 1-2- Areas	\$55.00
98941	Medicare 3-4 Areas	\$65.00
97124	Massage (15 Minutes)	\$20.00
97140	Manual Therapy	\$50.00
97010	Hot and Cold Packs	\$10.00
97012	Mechanical Traction	\$20.00
97014	Electrical Stimulation	\$40.00
97035	Ultrasound	\$35.00
97530	Therapeutic Activities -per unit	\$50.00
97110	Therapeutic Procedure -per unit	\$50.00
97112	Neuromuscular Reeducation-per unit	\$50.00
97781	Acupuncture w/ Electrical Stimulation	\$100.00
L3020	Custom Foot Orthotics (Pair)	\$500.00
97001	Rehab Pre-Exam	\$115.00

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 a the court date if needed.

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

Signed \_\_\_\_\_

Date \_\_\_\_\_