



**EFFECTIVE JANUARY 1<sup>ST</sup> 2016 FEE SCHEDULE CHANGE**

C98940	1-2 REGIONS	\$25.00
C98941	3-4 REGIONS	\$37.00
C98942	5 OR MORE	\$45.00
C97012	MANUAL TRACTION (per 15 min)	\$13.00
C96002	sEMG	\$20.00
C93740	Thermal Scan	\$20.00
C97112	Kinesiology taping	\$25.00
C97110	Therapeutic Exercise	\$15.00
CNRT	Nutritional Response Technique	\$25.00, 45.00 or 65.00 (based on depth of consult/eval)
CHYDRO	Hydromassage	\$1.00/minute OR \$0.50 with adjustment
CFAMILY	Family Adj (3 or more)	\$120.00
C99202	E & M New Patient Exam	\$69.00
C99201	E & M New Patient Exam	\$40.00
C99212	Progress Exam	\$39.00
HALO	HALO Botanical Light	Packages available to fit your needs-ask us!

**If you chose to submit your receipts to your insurance company for the possibility of reimbursement, the insurance fees below will apply. These fees are subject to change at any time in accordance with CMS fee schedule.**

98940	1-2 REGIONS	\$26.29
98941	3-4 REGIONS	\$38.30
98942	5 OR MORE	\$50.00
97012	MANUAL TRACTION	\$14.92
96002	sEMG	\$20.58
97110	Therapeutic Exercise	\$30.08
97112	Kinesiology Taping	\$31.10
99202	E & M New Patient Exam	\$69.05
99201	E & M New Patient Exam	\$40.33
99212	Progress Exam	\$40.33

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