



## Fee Schedule Effective September, 2019

98940	<b>Chiropractic Adjustment: 1-2 Body Regions</b>	\$45.00
98941	<b>Chiropractic Adjustment: 3-4 Body Regions</b>	\$50.00
98942	<b>Chiropractic Adjustment: 5 + Body Regions</b>	\$55.00
97012	<b>Manual Traction (per 15 minutes)</b>	\$20.00
95999	<b>Static EMG Assessment</b>	\$30.00
	Static EMG Assessment- <b>Family</b>	\$22.50
96002	<b>Dynamic EMG Assessment, <i>Cervical or Lumbar</i></b>	\$75.00
93740	<b>Thermography Assessment</b>	\$30.00
	Thermography Assessment- <b>Family</b>	\$22.50
95851	<b>Range of Motion Assessment</b>	\$35.00
99201	<b>E &amp; M New Patient Exam</b>	\$42.00
99202	<b>E &amp; M New Patient Exam</b>	\$75.00
99212	<b>Progress Examination</b>	\$47.00
	Progress Examination- <b>Family</b>	\$34.50
97112	<b>Kinesiology Taping</b>	\$30.00
97110	<b>Therapeutic Exercise</b>	\$30.00
HSR-T	<b>Heart Sound Recording- Test</b>	\$35.00
HSR-R	<b>Heart Sound Recording - Results</b>	\$50.00
FLSCN	<b>Foot &amp; Postural Assessment</b>	\$0.00
NRT	<b>Nutritional Response Technique/Initial</b>	\$50.00 / \$75.00
HYDRO	<b>Hydromassage</b>	\$0.50 - \$1.00/min.
FAMADJ	<b>Family Adjustment (3 or more individuals)</b>	\$140.00
LABEVAL	<b>Evaluation of Labs / Blood Test Results</b>	\$35.00
HALO	<b>Halo Botanical Light Therapy</b>	\$3.00/min

(Continued on back)



At each visit, the doctor will determine the best treatment for you. You are always free to ask questions about treatment before embarking upon it. Our fees are subject to change at any time.

Please give 24 hours notice should you need to reschedule your appointment to avoid a \$45 cancellation fee or no show fee. It is your responsibility to keep track of your appointments. Our text reminders are a courtesy, and due to technical limitations are not infallible. Please do not rely on them solely to keep track of your appointments.

Should you choose to submit your receipts to your insurance for reimbursement, it is your responsibility to contact your insurance company and inquire about out-of-network chiropractic coverage, including what your deductibles, limitations, and possible copays might be. Please note that there are some uninsurable services. If your insurance company refuses your claim for any reason, we are not obligated to communicate with your insurance company regarding the denial.

Supplement returns are subject to a 20% restocking fee

Pillows, Leg Spacers or ANY opened/used products are not returnable

*Signed* \_\_\_\_\_

*Date* \_\_\_\_\_