

STANDARD PROFESSIONAL FEE SCHEDULE

Chiropractic Office Visits

Initial Chiropractic Examinations

Standard Comprehensive Exam CPT 99202 \$117.00
Comprehensive Exam CPT 99203 \$169.00

Chiropractic Adjustment

1 to 2 regions (CPT 98940) \$41.00
3 to 4 regions (CPT 98941) \$56.00
5 or more regions (CPT 98942) \$72.00
Extraspinal Regions (CPT 98943) No Charge
Therapeutic Exercise (CPT 97110) No Charge
ART Treatment Session With Chiropractic Adjustment \$30.00
(CPT 97140 Manual Therapy)

Pre-Pay Plans

Adult 12-Visit Plan (One Visit & No ART Treatment Charge) \$750.00
(Savings \$250)

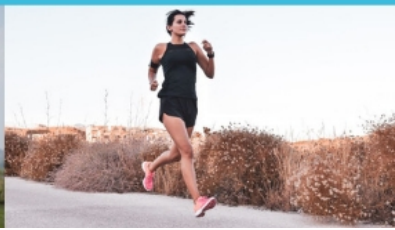
Pre-Pay Plans are non-transferrable, meaning pre-pays are individual.

All fees are standard and primarily based on our professional association's guidelines. Our experience has shown that it is wise to have an understanding with our patients as to our office policies and fees. Therefore, this form has been prepared for your convenience and information.

Based on our recommendations to you as a patient, you may opt for paying in advance for 12 visits and receive the 12th visit and re-examination at no charge. If special arrangements are necessary, please consult with the Doctor. Our main concern is your health and well being, and we will do our best to help you.

Our goal is to serve you as the patient. We are considered an out-of-network provider. As a service to you, we submit to your insurance company for direct reimbursement to.

SIGNATURE



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Lab Testing (*Fees Do Not Include Consult Time With Physician*)

Tissue Mineral Analysis (TMA)

Initial TMA Test \$120.00

Follow-Up TMA Test \$80.00

Saliva Tests

Flexi-Matrix (Diagnostechs)

Used for Hormone, Adrenal, Food Sensitivity Testing

3 to 5 tests \$95.00

6 to 9 tests \$132.00

10 to 15 tests \$180.00

16 to 20 tests \$240.00

21 to 25 tests \$295.00

Over 25 tests an additional \$12.00 per test; maximum 32 tests

Genetic Testing

Nutrisync \$260

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Based on our recommendations to you as a patient, you may opt for paying in advance for 12 visits. If special arrangements are necessary, please consult with the Doctor. Our main concern is your health and well being, and we will do our best to help you.

Our goal is to serve you as the patient. In order to do this to our level of excellence, we provide patients a bill of service at each visit to submit to their insurance company for reimbursement or a patient receipt for services rendered for your records. Payment is due either in advance for 12-Visit Plan upon each visit in the form of cash, check, or credit.

SIGNATURE