

Fees, Insurance and Payment Agreement

The fees charged in this office are comparable to those charged by other specialists with similar qualification in this geographic area. These fees for office services are payable at the time of visit, except in cases enumerated below. For your convenience we accept cash, checks, Visa, MasterCard and American Express.

If you carry health insurance covering any service that we offer, it is your responsibility to provide us with the proper insurance identification card showing proof of coverage on your first visit and to provide us with a copy of your card if your coverage changes during your treatment in this office.

If you are a patient of an industrial accident, you must provide us with an authorization signed by your employer or supervisor authorizing the doctor to provide medical services to you on your first visit. You must also provide us with the name, address and phone number of the worker's compensation carrier.

If you have private health insurance coverage, please be sure that your portion of the insurance form is carefully completed and signed. We urge you to carefully review your insurance coverage prior to your office visit, you are responsible for all deductibles, co-insurances, co-payments at the time services are rendered. Please understand that we do not participate with the majority of commercial insurance carriers due to low reimbursement rates. However, all services rendered in this office are payable by you unless other arrangements are agreed upon.

Should there be a balance due on your account, we reserve the right to make the financial charge at an interest rate of 1.5% per month for every month that your account remains overdue after 30 days.

If you agree to the above terms please sign at the space provided below
24 HOURS NOTICE IS REQUIRED IF YOU CANNOT MAKE YOUR APPOINTMENT, OTHERWISE YOU ARE RESPONSIBLE FOR THE FULL PAYMENT OF THE MISSED APPOINTMENT.

Description	Code	Fee
Office Visit - Initial - Brief	99201	\$ 100
Office Visit - Initial - Limited	99202	\$ 140
Office Visit - Initial - Intermediate	99203	\$ 180
Office Visit - Initial - Extended	99204	\$ 250
Office Visit - Initial - Comprehensive	99205	\$ 280
Office Visit - Established - Brief	99211	\$ 70
Office Visit - Established - Limited	99212	\$ 90
Office Visit - Established - Intermediate	99213	\$ 125
Office Visit - Established - Extended	99214	\$ 175
Office Visit - Established - Comprehensive	99215	\$ 240
After Hours Services	99050	\$ 180
Home Care	99015	\$ 200
Hot / Cold Packs	97010	\$ 50

Description	Code	Fee
Acupuncture Initial 15 Minutes	97810	\$ 75
Acupuncture Additional 15 Minutes	97811	\$ 75
Electro-Acupuncture Initial 15 Minutes	97813	\$ 100
Electro-Acupuncture Additional 15 Minutes	97814	\$ 100
Cupping		\$ 100
Infra-red therapy	97024	\$ 50
Missed Office Visit	99040	\$ 100
Electric Stimulation (Unattended)	97014	\$ 75
Therapeutic Exercises	97110	\$ 45
Additional Area	97261	\$ 45
Manual Therapy (Tuina) (initial ½ hour)	97140	\$ 100
Massage Therapy (initial ½ hour)	97124	\$ 75

Patient Signature: _____

Date: _____