DISCLOSURE OF FEES/PAYMENT POLICY

99201	New Patient- Problem Focused	$20.00
99202	NP-Evaluation and Management	$80.00
99203	NP-Detailed History and Examination	$115.00
99204	NP-Comprehensive History and Examination	$125.00
99205	NP-Comprehensive History and Examination 60min.	$175.00
99212	Established Patient Office Visit	$50.00
99213	Est. Pt-Expanded History and Examination	$80.00
99214	Est. Pt-Detailed History and Examination	$100.00
99215	Est. Pt-Comprehensive History and Examination-40min.	$165.00
98940	CMT 1-2 Areas	$50.00
98941	CMT 3-4 Areas	$60.00
98943	CMT-Extremity	$35.00
97124	Massage (15 Minutes)	$25.00
97140	Manual Therapy	$40.00
97110	Therapeutic Procedure-per unit	$40.00

I have read the above codes and fess 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 method of collection. I further understand that I will be present at the court date if needed.

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

Signed_____ Date_____