



First Diagnostic, Inc.

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www.FirstHealthChiropractic.com

" Your First Choice for Health "

For Patients Paying at the Time of Service

The purpose of the following information is to inform you of the current Financial Policies of our office. This is to assist you with any questions you may have.

In an effort to minimize costs and create the best possible atmosphere for healing, we have some adjustments to our Usual and Customary Rates (UCR). We are able to do a time of service discount because paying at the time of service frees this office from time-consuming billing paperwork, phone calls, tracking of filed insurance claims and dealing with insurance company representatives. This allows for immediate payment instead of engaging in written correspondence with the insurance company and wait weeks, months or longer to receive payment.

During each visit, you will be responsible for the cost of your specific treatment. In addition to an office visit fee, there are several procedures that may occur during your visit that have an additional cost. If you are paying at the time of service, the cost for any of the following procedures used during your treatment will be modified and the fee will be reduced to \$0.00. You will be responsible for the payment of your chiropractic treatment only.

If any supplies such as pillows, supports, cold/hot packs, etc., or additional services listed below are determined to be part of your course of treatment, you will be responsible for the purchase of the product(s) with payment provided at the time you receive your supplies and/or additional treatments.

As of July 1st, 2006, all patients paying at time of service will be required to pay for at least one of the following:

- Initial Visit - \$120 (with x-rays);
- \$80 - (without x-rays)
- Standard Chiropractic Treatment \$50.00 per treatment
- Massage Therapy \$15.00 for 15 minute treatment
- DTS (Decompression Traction System) \$125.00 per treatment (package & payment options available)
- Laser Treatment Protocol - \$60.00 per treatment (package & payment options available)

Prices are subject to change. If prices are changed, a notice will be conspicuously posted in our office 30-days prior to the price change going into effect and will be considered proper notice to our patients.

Our office accepts all local checks, cash, and credit cards (Visa, MasterCard, Discover, and American Express) for payment of services. How will you arrange payment during your treatment within our office?

Cash **Local** Bank Check Credit Card

PLEASE NOTE: As the patient, you are ultimately responsible for your charges. If your account reaches an unpaid balance of \$100.00 or more, we will be forced to postpone your treatment until your balance is paid off. All 60 days past due accounts will be considered delinquent and collective action may be taken. This may include the consultation of an attorney or collection agency. Any fees, attorney charges and/or court costs encountered by this office in the collection of delinquent accounts, will be the responsibility of the patient.

Please sign below acknowledging that you have read and understood the information contained herein and that it has been explained to you. We are here to serve YOU, ask any questions you may have and our staff will assist you.

Signature

Date

FIRST DIAGNOSTIC, INC.

FEE SCHEDULE 2006

QC	Description	CPT Code	Charges	QC	Description	CPT Code	Charges
Examination				Office Visit			
20	NP Minimal Exam 10 min.	99201	\$65	10	CMT 1-2 Areas	98940	\$50
21	NP Brief Exam 20 min.	99202	\$115	16	WC Manipulation	98941	\$65
22	NP Detailed 30 min.	99203	\$175	Cash Payment Plans			
23	NP Expanded 45 min.	99204	\$225	41	24 Visit DTS Pain Relief		\$1,792
26	EP Brief Exam 20 min.	99212	\$80	41B	Prepaid DTS		\$0
27	EP Detailed 30 min.	99213	\$170	42	12 Visit Pain Relief		\$540
330	Focused Consult 15 min.	99213	\$65	42B	Prepaid 12 Visit		\$0
331	Office Consult 25 min.	99214	\$95	43	24 Visit Pain Relief		\$960
Radiology / Testing				43B	Prepaid 24 Visit		\$0
140	Cervical AP/LAT	72040	\$100	44	36 Visit Corrective Care		\$1,260
141	Cervical 4 Views	72050	\$125	44B	Prepaid 36 Visit		\$0
142	Chest Single Views	71010	\$50	45	52 Visit Corrective Care		\$1,560
143	Davis 7 Views	72050	\$200	45B	Prepaid 36 Visit		\$0
144	Thoracic AP/Lat	72070	\$100	46	Family Care (Member 1&2)		\$2,600
145	Lumbosacral AP/LAT	72100	\$100	46B	Prepaid Family (Member 1)		\$0
146	Lumbosacral 4 Views	72110	\$200	46C	Prepaid Family (Member 2)		\$0
147	Single Views	72020	\$50	46D	Family Care (add'l members)		\$500
148	Ribs Unilateral 2 Views	71100	\$100	46E	Prepaid Family (Members 3/4)		\$0
149	Pelvis AP	70	\$50	Physical Therapy			
150	Pelvis min 3 Views	72190	\$150	30	Hot/Cold Therapy	97010	\$30
151	Shoulder 1 View	73020	\$50	31	EMS Therapy	97014	\$35
152	Shoulder min 2 Views	73030	\$100	34	Mechan. Traction (15 min)	97012	\$40
153	Elbow AP/LAT	73070	\$80	34B	DTS (20-30 min)	97012	\$100
154	Elbow min 3 Views	73080	\$120	34C	Hydrotherapy Bed (15 min)	97039	\$40
155	Wrist AP/LAT	73100	\$80	35	Massage Therapy (15 min)	97124	\$55
156	Wrist min 3 Views	73110	\$120		Neuromuscular Re.ed (15 min)	97112	\$60
157	Hand 2 Views	73120	\$80	36	Manual Therapy (15 min)	97140	\$55
158	Hand min 3 Views	73130	\$120	38	Therap. Exerc. (15 min)	97110	\$55
159	Hip 1 View	73500	\$50	39			
160	Hip min 2 Views	73510	\$100	Pillows / Supports / Etc			
161	Knee AP/LAT	73560	\$100	13	ChiroFlow Cervical Pillow	99070	\$60
162	Knee AP/LAT/Oblique	73562	\$150	62	Lumbar Cushion	99070	\$35
163	Ankle AP/LAT	73600	\$80	63	Large Cold/Hot Pack	99070	\$20
164	Ankle min 3 Views	73610	\$120	63A	Small Cold/Hot Pack	99070	\$15
165	Foot AP/LAT	73620	\$80	63B	Neck Wrap Cold/Hot Pack	99070	\$20
166	Foot min 3 Views	73630	\$120	66	Wrist Brace	99070	\$20
Miscellaneous				67	H/A Ice Pillo w/ mass unit	99070	\$49
93	Deposition (1 hour)	99075	\$400	68	Biofreeze Pump 16 oz.	99070	\$35
111	Records Request	99080		69	Biofreeze Gel 32 oz.	99070	\$55
199	MT Certificate / Cash Discount			69A	Biofreeze Tube 4 oz.	99070	\$15
200	NC CMT (Promotional)		\$0	69B	Prossage Heating Cream	99070	\$18
201	NC Consult/Exam (Promotional)		\$0	70	Lumbar Support Brace	99070	\$35
202	NC X-ray (Promotional)		\$0	71	Knee Stabilizer	99070	\$30
203	NC Tx (Promotional)		\$0	72	HT Robotic Chair	99070	\$1,999
204	Self Care/Home Mgt.	97535	\$55	74	Replacement Cold/Hot Pk	99070	\$20
				79	Gotta Live Active ChiroTee		\$15

