

Good Faith Estimate/Fee Schedule

All the services below may or may not be covered by your insurance plan. If billed to your insurance and they are not covered, you may be responsible to pay the full "Billed Amount." If you are not using insurance, you will be charged the "TOS Discount" price.

Contact your health plan to find out how much, if any, your plan will pay and how much you may have to pay.

| Procedure Code | Description | Billed to Insurance | TOS Discount |
|--|---|---------------------|--------------|
| 99203 | New Patient Visit Detailed or 30 to 44 min. | \$239.00 | \$185.00 |
| 99204 | New Patient Visit Comprehensive or 45 to 59 min. | \$358.00 | \$275.00 |
| 99205 | New Patient Complex Visit or 60 to 74 min. | \$440.00 | \$350.00 |
| 99417 | Extended Visit beyond 74 min. (each 15 min.) | \$100.00 | \$60.00 |
| 99213 | Follow Up Visit Low Complexity or 20 to 29 min. | \$195.00 | \$115.00 |
| 99214 | Follow Up Visit Mod. Complexity or 30 to 39 min. | \$240.00 | \$130.00 |
| 99215 | Follow Up Visit High Complexity or 45 to 54 min. | \$300.00 | \$165.00 |
| 99417 | Extended Visit beyond 54 min. | \$100.00 | \$50.00 |
| 99402 | Lifestyle Counseling (Nutrition, Diabetes, Smoking Birth Control during Visit) | \$150.00 | \$75.00 |
| 96127 | Emotional or Behavioral Assessment | \$20.00 | \$10.00 |
| 99447 | Interprofessional Consultation 11 to 20 min. | \$150.00 | \$75.00 |
| 99448 | Interprofessional Consultation 31 to 30 min. | \$200.00 | \$100.00 |
| 97810 | Acupuncture, Initial 15 min. | \$85.00 | \$50.00 |
| 97811 | Acupuncture, Each Add'l 15 min.+ (2 billed per visit) | \$60.00 | \$30.00 |
| 97813 | Acu w/Electrical Stimulation, Initial 15 min. | \$90.00 | \$50.00 |
| 97814 | Acu w/Electrical Stimulation, Each Add'l 15 min. | \$75.00 | \$30.00 |
| 97026 | Infrared Lamp * | \$25.00 | \$10.00 |
| 96160 | Health Risk Assessment for Pre-Authorizations | \$15.00 | \$10.00 |
| 97140 | Manual Therapy* | \$65.00 | \$30.00 |
| | <i>*Maybe applied to PT Deductible or Benefits</i> | | |
| 97802 | First Visit Dietary Analysis | \$300.00 | \$200.00 |
| 97803 | Follow Up Dietary Analysis | \$200.00 | \$100.00 |
| Unlikely to be Covered by Insurance | | | |
| 99443 | Phone Consult (Supplement Review, Rx Requests not covered during a visit, COVID-19 Questions) | \$195.00 | \$75.00 |
| 97139 | Unlisted Therapeutic Procedure (Cupping, Moxa, Laser, Microcurrent) * | \$75.00 | \$30.00 |
| 99421 | Initiated by Patient - Portal Exchange 5 to 10 min. | \$50.00 | \$25.00 |
| 99422 | Initiated by Patient – Portal Exchange 11 to 20 min. | \$75.00 | \$50.00 |
| 99423 | Initiated by Patient – Portal Exchange 21 + min. | \$150.00 | \$100.00 |
| 99050 | After Business Hours Call or Visit – added to service | \$50.00 | \$25.00 |
| 99051 | Weekend or Holiday Call or Visit – added to service | \$75.00 | \$50.00 |
| 99080 | Special Reports – (Insurance Forms, HSA, Workers Comp, DMV etc.) | \$75.00 | \$35.00 |
| NOT COVERED/NOT BILLED TO INSURANCE | | | |
| | LENS Therapy (Ask about Package Pricing) | N/A | \$115.00 |
| | Lab Handling Fee (Clinic to Lab Preparation) | N/A | \$25.00 |
| | Vitamin/Nutritional IV's | N/A | Up to \$300 |
| | Vitamin/Nutritional Injections | N/A | Up to \$150 |
| | NO SHOW or Late Appointment Cancellations | N/A | \$75.00 |