

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	\$100.00
	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