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.

99203 New Patient Visit Detailed or 30 to 44 min. \$239.00 \$185.00 99204 New Patient Comprehensive or 45 to 59 min. \$338.00 \$275.00 99205 New Patient Complex Visit of 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 \$100.00 99214 Follow Up Visit Mod. Complexity or 30 to 39 min. \$240.00 \$125.00 99215 Follow Up Visit High Complexity or 30 to 39 min. \$240.00 \$125.00 99417 Extended Visit beyond 54 min. \$100.00 \$60.00 99418 Extended Visit beyond 54 min. \$100.00 \$60.00 99419 Extended Visit beyond 15 min. \$100.00 \$60.00 99419 Extended Visit beyond 15 min. \$100.00 \$60.00 99410 Extended Visit beyond 15 min. \$100.00 \$60.00 99417 Emotional or Behavioral Assessment \$20.00 \$10.00 9127 Emotional or Behavioral Assessment \$20.00 \$10.00 9128 Emotional or Behavioral Assessment \$20.00 \$10.00 9129 Emotional Consultation 11 to 20 min. \$150.00 \$75.00 9129 Interprofessional Consultation 11 to 20 min. \$150.00 \$75.00 9129 Emotional Consultation 11 to 20 min. \$150.00 \$75.00 9128 Acupuncture, Initial 15 min. \$85.00 \$45.00 9129 Emotional Consultation, Initial 15 min. \$90.00 \$50.00 9129 Emotional Consultation Patient Pa	Procedure Code	Description	Billed to Insurance	TOS Discount
99204 New Patient Visit Comprehensive or 45 to 59 min. \$338.00 \$275.00 \$9205 New Patient Complex Visit or 60 to 74 min. \$440.00 \$350.00 \$350.00 \$9417 Extended Visit beyond 74 min. (each 15 min.) \$100.00 \$60.00 \$60.00 \$9214 Follow Up Visit Low Complexity or 20 to 29 min. \$195.00 \$100.00 \$125.00 \$9215 Follow Up Visit Mod. Complexity or 30 to 39 min. \$240.00 \$125.00 \$125.00 \$9215 Follow Up Visit High Complexity or 45 to 54 min. \$300.00 \$150.00 \$9417 Extended Visit beyond 54 min. \$100.00 \$60.00 \$9500 Lifestyle Counseling (Nutrition, Diabetes, Smoking Birth Control during Visit) \$100.00 \$60.00 \$950.00 \$150.00 \$950.00 \$150.00 \$950.00 \$150.00 \$950.00 \$150.00 \$950.00 \$150.00 \$950.00 \$150.00 \$950.00 \$150.00 \$950.00 \$150.00 \$950.00 \$1	99203	New Patient Visit Detailed or 30 to 44 min.	\$239.00	\$185.00
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		New Patient Visit Comprehensive or 45 to 59 min.		
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 \$100.00 99214 Follow Up Visit Mod. Complexity or 30 to 39 min. \$240.00 \$125.00 99215 Follow Up Visit High Complexity or 45 to 54 min. \$300.00 \$150.00 99417 Extended Visit beyond 54 min. \$100.00 \$60.00 99417 Extended Visit beyond 54 min. \$100.00 \$60.00 99402 Lifestyle Counseling (Nutrition, Diabetes, Smoking Birth Control during Visit) 96127 Emotional or Behavioral Assessment \$20.00 \$10.00 99448 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 \$45.00 97811 Acupuncture, Each Add'l 15 min.+ \$45.00 \$25.00 97813 Acu w/Electrical Stimulation, Initial 15 min. \$90.00 \$50.00 97814 Acu w/Electrical Stimulation, Initial 15 min. \$90.00 \$50.00 97814 Acu w/Electrical Stimulation, Each Add'l 15 min. \$65.00 \$30.00 97026 Infrared Lamp* \$150.00 \$10.00 97140 Manual Therapy* \$65.00 \$10.00 97140 Manual Therapy* \$65.00 \$30.00 97140 Manual Therapy* \$65.00 \$30.00 97139 Unlisted Therapeutic Procedure (Cupping, Moxa, \$75.00 \$30.00 Laser, Microcurrent) * 10 Initiated by Patient - Portal Exchange 5 to 10 min. \$50.00 \$25.00 99422 Initiated by Patient - Portal Exchange 5 to 10 min. \$75.00 \$50.00 99423 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 \$75.00 \$50.00 99050 Special Reports - (Insurance Forms, HSA, Workers \$75.00 \$35.00 99080 Special Reports - (Insurance Forms, HSA, Workers \$75.00 \$35.00 Comp, DMV etc.) 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		·		
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97811 Acupuncture, Each Add'l 15 min.+ \$45.00 \$25.00 97813 Acu w/Electrical Stimulation, Initial 15 min. \$90.00 \$50.00 97814 Acu w/Electrical Stimulation, Each Add'l 15 min. \$65.00 \$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 *Maybe applied to PT Deductible or Benefits Unlikely to be Covered by Insurance	99448	Interprofessional Consultation 31 to 30 min.	\$200.00	\$100.00
97811 Acupuncture, Each Add'l 15 min.+ \$45.00 \$25.00 97813 Acu w/Electrical Stimulation, Initial 15 min. \$90.00 \$50.00 97814 Acu w/Electrical Stimulation, Each Add'l 15 min. \$65.00 \$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 *Maybe applied to PT Deductible or Benefits Unlikely to be Covered by Insurance	97810	Acupuncture, Initial 15 min.	\$85.00	\$45.00
97813 Acu w/Electrical Stimulation, Initial 15 min. \$90.00 \$50.00 97814 Acu w/Electrical Stimulation, Each Add'l 15 min. \$65.00 \$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 *Maybe applied to PT Deductible or Benefits Unlikely to be Covered by Insurance 99443 Phone Consult (Supplement Review, Rx Requests Amybe applied to PT Deductible or Benefits \$195.00 \$75.00 97139 Unlisted Therapeutic Procedure (Cupping, Moxa, Amybe applied to PT Deductible or Benefits \$75.00 \$30.00 99421 Initiated by Patient - Portal Exchange 5 to 10 min. Amybe applied to PT Deductible or PT Deductible or Deductibl				
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97139 Unlisted Therapeutic Procedure (Cupping, Moxa, \$75.00 \$30.00 Laser, Microcurrent) * 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 \$75.00 \$35.00 Comp, DMV etc.) 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				
Laser, Microcurrent) * 99421	97139		\$75.00	\$30.00
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 \$75.00 \$35.00 Comp, DMV etc.) 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				
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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 \$75.00 \$35.00 Comp, DMV etc.) 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	99422	Initiated by Patient – Portal Exchange 11 to 20 min.	\$75.00	\$50.00
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99080 Special Reports – (Insurance Forms, HSA, Workers \$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	99050	After Business Hours Call or Visit – added to service	\$50.00	\$25.00
Comp, DMV etc.) NOT COVERED/NOT BILLED TO INSURANCE LENS Therapy (Ask about Package Pricing) Lab Handling Fee (Clinic to Lab Preparation) N/A \$100.00	99051	Weekend or Holiday Call or Visit – added to service	\$75.00	\$50.00
NOT COVERED/NOT BILLED TO INSURANCE LENS Therapy (Ask about Package Pricing) Lab Handling Fee (Clinic to Lab Preparation) N/A \$100.00 \$25.00	99080	Special Reports – (Insurance Forms, HSA, Workers	\$75.00	\$35.00
LENS Therapy (Ask about Package Pricing) Lab Handling Fee (Clinic to Lab Preparation) N/A \$100.00		Comp, DMV etc.)		
Lab Handling Fee (Clinic to Lab Preparation) N/A \$25.00		NOT COVERED/NOT BILLED TO INSURANCE		
Lab Handling Fee (Clinic to Lab Preparation) N/A \$25.00		LENS Therapy (Ask about Package Pricing)	N/A	\$100.00
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VITAMIN/NUTRITIONALIV'S N/A Up to \$250		Vitamin/Nutritional IV's	N/A	Up to \$250
Vitamin/Nutritional Injections N/A Up to \$100			-	•
NO SHOW or Late Appointment Cancellations N/A \$75.00			-	•