



Pricing Disclosure

| Codes | Short Description | <u>Insurance Price</u> |
|--------------|--|-------------------------------|
| | Adjustments | |
| 98940 | CMT 1-2 Regions | \$75 |
| 98941 | CMT 3-4 Regions | \$97 |
| 98942 | CMT 5 Regions | \$120 |
| 98943 | CMT- Extra Spinal | \$70 |
| | Physical Therapies | |
| 97012 | Intersegmental Traction | \$65 |
| G0283 | Electrical Muscle Stimulation | \$62 |
| 97026 | Infrared Therapy | \$55 |
| 97010 | Cryotherapy/ Thermotherapy | \$55 |
| | Manual Therapy | |
| 97140 | Myofascial Release | \$55/ Per unit |
| 97110 | Therapeutic Procedures | \$95/ Per unit |
| | New Patient Exams | |
| 99202 | New Patient Limited Exam | \$220 |
| 99203 | New Patient Detailed Exam | \$315 |
| | Established Patient Re-exams | |
| 99211 | Established Patient Brief Re-exam | \$105 |
| 99212 | Established Patient Limited Re-exam | \$160 |
| 99213 | Established Patient Expanded Re-exam | \$210 |
| 99214 | Established Patient Detailed Re-exam | \$310 |
| | Xrays | |
| X-rays | | \$19-\$394 |
| | Massage Cancellation | |
| Cancel Fee | Massage Cancellation Fee (within 24 hours) | \$50 |



As a member of ChiroHealthUSA,
BILAN CHIROPRACTIC

**MARK BILAN, DC / KURT ADAMS, DC / DARYL CHALIFOUR, DC / MARK KUFEL, DC /
 JACOB RAMMELL, DC / ROBERT VAN ZWEEDEN, DC**

offers a **5 %** minimum discount off all clinic professional
 services with the following capped fees:

NEW PATIENT VISIT

5 % reduction of normal clinic fees
 with a maximum fee of **\$ 400**

*This visit is defined to include/exclude:
 Includes all first day services.*

ROUTINE OFFICE VISIT

5 % reduction of normal clinic fees
 with a maximum fee of **\$ 97**

*This visit is defined to include/exclude:
 Includes: 3-4 Reg CMT (98941) plus 1-3 therapies.
**Visit to include 1-2 Reg CMT (98940)
 plus 1-3 therapies: \$75***

The following rates listed are the ChiroHealthUSA rates for each service. Any service not listed will default to the minimum of **5 %** off.
 (For patients with partial coverage, limited services, or when services are rendered in addition to routine office visit.)

| CODE | CODE DESCRIPTION | ACTUAL FEE | CHUSA FEE | DISCOUNT |
|-------|---------------------------------------|------------|-----------------|----------|
| 98940 | Chiropractic Adjustment 1-2 Regions | \$75.00 | \$55.00 | 27% |
| 98941 | Chiropractic Adjustment 3-4 Regions | \$97.00 | \$77.00 | 21% |
| 98943 | Chiropractic Adjustment, Extra Spinal | \$70.00 | \$35.00 | 50% |
| 99201 | NP Focused Exam | \$175.00 | \$88.00 | 50% |
| 99202 | NP Expanded Exam | \$220.00 | \$110.00 | 50% |
| 99203 | NP Detailed Exam | \$315.00 | \$158.00 | 50% |
| 99211 | EP Brief Exam | \$105.00 | \$53.00 | 50% |
| 99212 | EP Focused Exam | \$160.00 | \$80.00 | 50% |
| 99213 | EP Expanded Exam | \$210.00 | \$105.00 | 50% |
| 97012 | Traction Intersegmental | \$65.00 | \$20.00 | 69% |
| 97014 | Electric Muscle Stimulation | \$62.00 | \$20.00 | 68% |
| 97010 | Thermotherapy/Cryotherapy | \$55.00 | \$20.00 | 64% |
| 97110 | Therapeutic Exercise, per unit | \$95.00 | \$45.00 | 53% |
| 97140 | Myofascial Release, per unit | \$55.00 | \$25.00 | 55% |
| | X-rays, per view | Varies | \$25.00 | |
| S8948 | Low-Level Laser Therapy | \$50.00 | \$25.00 | 50% |

20% off on durable medical goods
 (TENS, Eqpt, Rehab Materials, etc.)

20% off stock orthotics, pillows,
 supports, soft goods, etc.

20% off CUSTOM orthotics, supports
 soft goods, etc.

20% off Nutritional supplements
 or products

***DISCOUNTS AND CAPPED FEES EXCLUDE:
 99214**