



## **FEE SCHEDULE**

Effective 2021

<b>Service</b>	<b>Code</b>	<b>Price</b>
Exam	99202	\$200.00
Exam	99203	\$250.00
Re-Exam	99211	\$100.00
Re-Exam	99212	\$145.00
Spinal Manipulation	98940	\$70.00
Spinal Manipulation	98941	\$90.00
Manual Therapy	97140	\$43.75 / unit
Massage Therapy	97124	\$43.75 / unit
Cervical / Lumbar Traction	97012	\$85.00
Ultrasound	97035	\$65.00

Alpine Chiropractic Center contracts with Medicare, Medicaid, Premera Blue Cross/Blue Shield, VA and

# EBMS to provide health care services as an in-network preferred provider.

The undiscounted price may be higher or lower than the amount an individual actually pays for the health care services described in the list.

---

You will be provided with an estimate of the anticipated charges for your non-emergency care upon request. Please do not hesitate to ask for information.

---

## **You have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost.**

Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests and equipment.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises).