



**Information Concerning Fees, Financial Arrangements and Insurance Benefits  
(Medicare Patient)**

Two factors determine your charges for any particular visit. They are: (1) the type of service rendered and (2) the amount of time spent to perform the service.

An examination fee ranges from \$100.00 to \$300.00. The typical cost is \$200.00. If any treatment is rendered immediately following the exam, there may be an additional charge.

When x-rays are medically necessary to diagnose/understand your condition, two views are usually needed. The cost per x-ray is \$50.00. The typical cost per area x-rayed is \$100.00.

The cost for treatment ranges from \$25.00 to \$125.00 per visit. The typical cost is \$60.00. From visit to visit, the treatment cost may vary. There may be additional charges for physical therapy services.

We offer Avicenna high power laser therapy. It's the most powerful therapeutic laser in the United States. Laser therapy is billed at \$6.00 per minute. Treatment time can vary with each area treated, and is usually between 10 to 20 minutes per area.

The cost for physical therapy ranges from \$30.00 to \$45.00 per procedure. The typical cost is \$35.00 per procedure.

Other services and products include laboratory & bone density testing, diet & nutrition counseling, and the prescribing of nutritional supplements & orthopedic appliances.

Payment is expected at the time the service is rendered. We accept cash, check, MasterCard, Visa, Discover Card and the American Express Card.

After your deductible has been met, you may or may not have coverage through your insurance program. If you have a musculoskeletal condition and that condition is directly related to the spine, your treatment will probably be covered. Medicare will pay for chiropractic manipulation at approximately 80%. A supplemental insurance policy will usually pay for chiropractic manipulation at approximately 20%.

This office does not accept Medicare assignment of benefits. You are responsible for payment of all services rendered. We will prepare and send your claim to Medicare for you to receive payment.

Medicare will not reimburse you for a physical examination, x-rays, physical therapy, laboratory & bone density testing, diet & nutrition counseling, nutritional supplements and orthopedic appliances.

If Medicare denies payment for any of the chiropractic manipulation, I, as the beneficiary, authorize you, Dr. Nate Greenstein, to act on my behalf to request a review.

Twenty-four hour notice to cancel or reschedule an appointment is required or we reserve the right to charge for the visit.

If you have any questions, please do not hesitate to ask us. We are here to help you.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Printed Name: \_\_\_\_\_