



**Information Concerning Fees, Financial Arrangements and Insurance Benefits**  
(Non-Medicare and Non-Workers Compensation 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 \$45.00 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.

If you have insurance coverage, we want to help you utilize your benefits. A decision to accept assignment is made on a case by case basis, depending on the type and the extent of your coverage. Even if we decide to accept assignment, you will still be ultimately responsible for all services rendered.

Our fees are generally considered to fall within the acceptable range by most insurance companies, and therefore, are covered up to the maximum allowable amount determined by each carrier. Thus, our fees are considered usual, customary and reasonable by most insurance companies. This statement does not apply to insurance companies who reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in the area. Some services may not be covered by your health plan.

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: \_\_\_\_\_