

Health Care Fee Schedule for Bering Health LLC |

2021

This notice is being posted in accordance with **AS 18.23.400**. Disclosure and reporting of health care services, prices, and fee information. Effective January 1, 2019 and until further notice, Bering Health LLC charges the following undiscounted fees for the listed health care services:

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

The undiscounted prices listed below may be higher or lower than the amount an individual actually pays for the health care services described.

Our office is credentialed in-network with Blue Cross Blue Shield Premiera

Evaluation/Management

Billing Code	Description	Fee
99202	New Patient Expanded Problem Focused Exam	\$225
99212	Existing Patient Minimal Exam	\$150

Medicine

Billing Code	Description	Fee
98940	Chiropractic Adjustment 1-2 Regions	\$80
98941	Chiropractic Adjustment 3-4 Regions	\$120
98943	Extremity Adjustment	\$60
97014	Muscle Stimulation	\$60
97140	Manual Therapy 1 unit 15 Minutes	\$90

The State of Alaska Department of Health and Social Services website address is <http://dhss.alaska.gov/Pages/default.aspx>