

Optimum Performance Chiropractic Inc.  
Brittany A Blake DC  
1030 S Colony Way Palmer, AK 99645  
(907)745-2575 | <http://www.opchiro.com>

## 2023 Fee Schedule

<b>Evaluation &amp; Management (99202 – 99499)</b>		
Description	Service Code (CPT®)	Price
New Patient Expanded Problem Focused Exam	99202	\$208.00
New Patient Detailed Exam	99203	\$271.00
New Patient Comprehensive Exam	99204	\$388.00
Existing Patient Expanded Problem Focused Exam	99212	\$137.00
Existing Patient Detailed Exam	99213	\$175.00
Existing Patient Comprehensive Exam	99214	\$254.00

Price= “Undiscounted price” means an amount billed for a service rendered without complication or exceptional circumstances; “undiscounted price” does not include a negotiated discount for an in-network or out-of-network service rendered or the cost paid by a third party for that service. “Third party” means a public or private entity, association, or organization that provides, by contract, agreement, or other arrangement, insurance, payment, price discount, or other benefit for all or portion of the cost of health care services provided to a recipient; “third-party” does not include a member of the recipient’s immediate family.

Updated [January 22, 2023]

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<b>Medical Services and Procedures (90281 – 99607)</b>		
Description	Service Code (CPT®)	Price
CMT 1-2 Regions	98940	\$65.00
CMT 3-4 Regions	98941	\$85.00
CMT 5 Regions	98942	\$110.00
CMT Extremity	98943	\$80.00
Massage Therapy per Unit	97124	\$80.00
Manual Therapy per Unit	97140	\$80.00
Electrical Muscle Stim per Unit	97014	\$55.00
Ultrasound per Unit	97035	\$61.00
Mechanical Traction	97012	\$58.00
Therapeutic Exercise per Unit	97110	\$95.00
Neuromuscular Re-education	97112	\$62.00
Missed Appointment Fee	No Show	\$50.00

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CMT = Chiropractic Manipulative Treatment, Unit = 8-15 Minutes of Therapy, Price= “Undiscounted price” means an amount billed for a service rendered without complication or exceptional circumstances; “undiscounted price” does not include a negotiated discount for an in-network or out-of-network service rendered or the cost paid by a third party for that service. “Third party” means a public or private entity, association, or organization that provides, by contract, agreement, or other arrangement, insurance, payment, price discount, or other benefit for all or portion of the cost of health care services provided to a recipient; “third-party” does not include a member of the recipient’s immediate family.

**Notices:**

Our office has a contract to provide health care services as an in-network preferred provider for the following insurers:



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The undiscounted prices listed may be higher or lower than the amount an individual will pay for the health care service(s) described.

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 may also find a copy of this fee schedule on our website at <http://www.opchiro.com>

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

This notice is being posted in accordance with AS18.23.400. Disclosure and reporting of health care services, prices, and fee information.

Effective January 1, 2023 and until further notice, Optimum Performance Chiropractic Inc. charges the above undiscounted fees for the listed health care services. The undiscounted prices listed above may be higher or lower than the amount an individual pays for the health care services described.

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