

## Allison Hill, D.C. Fee Schedule

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, 2020 and until further notice, Allison Hill D.C. charges the following undiscounted fees for the listed health care services below. An estimate of the anticipated charges for your visit is available upon request.

Dr. Hill is a Blue Cross Blue Shield Preferred Provider and accepts most insurance plans, including Worker's Comp and personal injury claims.

## Exam

Code	Service Description	Charge
99201	E/M New Patient: Focused	60
99202	E/M New Patient: Expanded	120
99203	E/M New Patient: Detailed	180
99211	E/M Established Patient: Focused	60
99212	E/M Established Patient: Expanded	90
99213	E/M Established Patient: Detailed	120

## **Chiropractic Adjustment**

Code	Service Description	Charge
98940	CMT 1–2 areas	60
98941	CMT 3–4 areas	70
98943	CMT Extra-Spinal	45

## **Physical Therapy**

Code	Service Description	Charge
97014	Electric Stimulation (unattended)	30

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