



FEE SCHEDULE

Effective 2021

Service	Code	Price
Exam	99202	\$200.00
Exam	99203	\$250.00
Re-Exam	99211	\$100.00
Re-Exam	99212	\$145.00
Spinal Manipulation	98940	\$70.00
Spinal Manipulation	98941	\$90.00
Manual Therapy	97140	\$43.75 / unit
Massage Therapy	97124	\$43.75 / unit
Cervical / Lumbar Traction	97012	\$85.00
Ultrasound	97035	\$65.00

Alpine Chiropractic Center contracts with Medicare, Medicaid, Premera Blue Cross/Blue Shield, VA and

EBMS to provide health care services as an in-network preferred provider.

The undiscounted price may be higher or lower than the amount an individual actually pays for the health care services described in the list.

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 have the right to receive a “Good Faith Estimate” explaining how much your medical care will cost.

Under the law, health care providers need to give patients who don’t have insurance or who are not using insurance an estimate of the bill for medical items and services.

- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests and equipment.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit www.cms.gov/nosurprises.