## **2021 Fee Schedule**

## Discover Chiropractic Inc. 1867 Airport Way, Suite 140C Fairbanks, AK 99701 (907)455-7770

Dr. Jonathan Victorino, D.C. Dr. Shawna Victorino, D.C.

| Patient Name[   | Date of Servi | ce   | _DOO |     |     |     |
|-----------------|---------------|------|------|-----|-----|-----|
| Diagnostic Code | Cash Ins      | . VA | P/I  | W/C | M/C | DKC |

| New Patient          | DX Code | Fee   | Established Patient     | DX Code | Fee     |
|----------------------|---------|-------|-------------------------|---------|---------|
| Exam/Consultation    |         |       | Exam/Consultation       |         |         |
| 99201 Level One      |         | \$120 | 99211 Level One         |         | \$100   |
| 99202 Level Two      |         | \$150 | 99212 Level Two         |         | \$120   |
| 99203 Level Three    |         | \$200 | 99213 Level Three       |         | \$150   |
| 99204 Level Four     |         | \$275 | 99215 Level Four        |         | \$175   |
| 99205 Level Five     |         | \$375 | 99215 Level Five        |         | \$200   |
| Chiropractic         | DX Code | Fee   | Adjunctive Care         | DX Code | Fee     |
| Manipulation         |         |       |                         |         |         |
| 98940 CMT 1-2 Region |         | \$80  | 97010 Hot/Cold Pack     |         | \$10    |
| 98941 CMT 3-4 Region |         | \$80  | 97110 Therapeutic Exer. |         | \$80/UT |
| 98942 CMT 5 Region   |         | \$100 | 97124 Massage Therapy   |         | \$50/UT |
| 98943 Extremity Adj. |         | \$50  | 97760 Orth. Scan        |         | \$75    |
| 99050 After Hours    |         | \$75  | L3020 Orthotics         |         | \$462   |
|                      |         |       | 99002 Orth. Handling    |         | \$25    |
|                      |         |       | 97012 Cervical Traction |         | \$45    |
|                      |         |       |                         |         |         |
|                      |         |       |                         |         |         |
|                      |         |       |                         |         |         |

| Next Appointment | М   | т | W   | т | F | ( | ) 1-2 Wks | (        | ) 2-4 Wks | ( | ) Please Return When Needed |
|------------------|-----|---|-----|---|---|---|-----------|----------|-----------|---|-----------------------------|
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Additional Notes \_\_\_\_\_

Total Charges For Today's Services

\$\_\_\_\_\_

Total Amount Paid Today

\$\_\_\_\_\_ Cash CC Check #\_\_\_\_\_

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