

Disclosure of Fee's / Payment Policy (Chiropractic)

98940	CMT (1-2 regions)	\$72.00	A9150	Supplement:
98941	CMT (3-4 regions)	\$87.00	Combadult 2.5	\$16.00
98942	CMT (5 regions)	\$97.00	Magnesium 1.0	\$12.00
98943-51	CMT (extra spinal)	\$67.00	A-Zact 25	\$14.00
97112-52	Neuromuscular Reeducation	\$62.46	Baldrian Plus	\$16.00
97012	Mechanical Traction	\$42.00	Primacal	\$16.00
97032-52	Manual EMS	\$48.98	Stress Potency Vit.C	\$13.00
97535	Self-care/Home exercise	\$55.00	Joints& Stuff	\$32.00
99078	Physician Education/Workshop	\$57.00	Bio-CMP	\$12.00
99204	NP Exam, comprehensive(45min)	\$250.00		
99203	NP Exam, 30 mins	\$179.00		
99214-25	Re-exam expanded(45min)	\$112.00		
99213-25	Re-exam, Expanded (15min)	\$97.00		
72040	Cervical (2-3 views)	\$97.00		
72050	Cervical (4 views+)	\$132.00		
72070	Thoracic (2 views)	\$92.00		
72100	Lumbosacral (2-3 views)	\$110.00		
72020	Single view of spine	\$60.00		
99070	Biofreeze	\$26.00		
E0190	Cervical Orthopedic Pillow	\$72.00		
99070	Lumbar Orthopedic Pillow	\$65.00		
97110	Therapeutic Exercise	\$45.75		
97014	Electrical Stim. (unattended)	\$45.56		
97530	Therapeutic Activities	\$58.73		
97010	Hot/Cold Pack(s)	\$31.60		
97810	Acupuncture	\$92.00		
Average cost per massage (includes manual traction)		\$164.00		

I have read the above codes and fees and understand the cost of my care with my treating doctor. These Fees are reasonable and customary.

I further understand that if my insurance company declines payment, I authorize Aim High Chiropractic, PC to file small claims on my behalf against my insurance company as a method of collection. I further understand that I will be present at the court date if needed.

Sign **XX** _____ Print name _____ Date _____

AIM HIGH CHIROPRACTIC, PC CLINICS:

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