



Active Chiropractic Wellness Center

Dr. Candice Koch, D.C.
3440 N. Carefree Circle, Ste. 130
Colorado Springs, CO 80917
www.ActiveChiroWellness.com
719.636.3080

PATIENT INFORMATION

Last Name _____ First Name _____ M.I. _____

Mailing or Street Address _____

City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ Email address: _____

It may be necessary or desirable to contact you by phone, however, if you are not available to speak with directly, is there someone else we may speak to regarding your medical care?

Name / phone number of person and relationship:

Were you referred by someone? Name

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HIPAA INFORMATION: ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I was offered a copy of the Notice of Privacy Practices and that I have read or declined to read them and understand the Notice. I also verify that all information above is correct and agree to stated financial policy. I understand if I am using insurance I am responsible for all co-pays and co-insurance charges that arise as this is agreement with compliance of my insurance company and Active Chiropractic Wellness Center, LLC. This is not a choice of my Doctor in anyway.

Patient Signature

Date

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Payment is due at time of service. Our office offers individual plans, wellness plans and ChiroHealthUSA, a discount medical plan, that can be best suited to your budget. The Time of Service (TOS) rate is good only if paid or pre-paid the day services are performed. Insurance fees are billed prices. The following is a schedule of individual fees assessed for each service performed. Please note there is a \$25.00 returned check fee, plus any bank charges, for any returned unpaid checks.

NEW PATIENT EXAM

	Insurance fees	TOS fees (10% off)	ChiroHealthUSA
99201 Focused and straight forward exam 10min	\$69.00	\$62.10	\$50.00
99202 Expanded and straightforward exam 20min	\$120.00	\$108.00	\$70.00
99203 Detailed and low complexity exam 30min	\$175.90	\$158.30	\$120.00

**\$135.00 max
Adj/Therapies inc.**

ESTABLISHED PATIENT RE-EXAM

99211 Est. Patient , Brief Re-Exam, 5 min	\$37.26	\$33.52	\$30.00
99212 Focused and straightforward exam 10min	\$71.00	\$63.90	\$40.00
99213 Expanded and low complexity exam 15min	\$115.20	\$103.68	\$50.00
99214 Detailed and moderate complexity exam 25min	\$174.50	\$157.05	\$100.00

ESTABLISHED PATIENT TREATMENT

			\$57.00 max Adj/therapies
98940 Spinal adjustment 1-2 areas	\$46.90	\$42.21	
98941 Spinal adjustment 3-4 areas	\$65.50	\$58.95	\$45.00 per adj
98942 Spinal adjustment 5 and more areas	\$85.50	\$76.95	
98943-59 Extremity adjustment (other than spinal areas)	\$42.70	\$38.43	
97010 Ice/heat application	\$8.90	\$8.01	\$5.00
97014 Electrical stimulation	\$24.00	\$21.60	\$12.00
97110-59 Stretching/Thera exercise	\$52.40	\$47.16	\$10.00
97112-59 Neuromuscular re-education	\$54.50	\$49.05	\$10.00
97124 Therapeutic Massage 15minutes	\$42.00	\$37.80	\$11.25 per 15min
97140 Myofascial release/Trigger point 15minutes	\$48.90	\$44.01	\$11.25 per 15min
97012 Mechanical traction (Inversion Table)	\$26.90	\$24.21	\$10.00
97535 Activities of daily living	\$35.00	\$31.50	\$10.00
97026 Laser Treatment (Self Applied) 20 minutes	\$21.00	\$18.90	\$8.00
97124W- Wellness Massage per 15 mins	\$42.00	\$37.80	\$11.25 per 15min
Laser for a night/day	\$71.43	\$64.29	\$50.00
Acupressure (Per Point)	\$2.00	\$1.80	\$5.00 all
Neuroemotional Technique (NET) 15-20 mins	\$80.00		\$65.00
Lab Interpretation (Separate from test costs)	\$71.43-\$100	\$64.29-\$90.00	\$50.00-\$75.00

NRG ALLERGY ELIMINATION TREATMENT

Full program including initial history intake, assessment, testing, treatment (6 visits)	\$400.00	\$350.00
Per visit testing/treatment	\$ 75.00	\$70.00
Testing	\$ 50.00	\$45.00
Treatment	\$ 30.00	\$25.00

CHIROHEALTHUSA FAMILY MEMBER SAVINGS

First Visit

1st member discounts are as noted above

- 2nd Patient Family Member 40% discount or maximum fee of \$100.00 for all non-covered services on first visit.
- 3rd Patient Family Member 50% discount or maximum fee of \$100.00 for all non-covered services on first visit.

Routine Office Visits

2nd Patient & Subsequent Patient Family Member 10% discount or maximum fee of \$50.00 for all non-covered services on routine office visits.

Copies of medical records page 1-10	\$14.00
of medical records per page 11-40	\$.50
of medical records per page 41 and more	\$.33
Copies per page	\$1.00

PREPAID TREATMENT PLAN SAVINGS

<u>60 Adjustment Plan</u> <u>12 months</u>	<u>52 Adjustment Plan</u> <u>16 months</u>	<u>Small Treatment Plans</u>
3 adj/per week for 3 months 36 visits	2 adj/per week for 4 months 32 visits	A) 1 adj/ per week for 52 weeks 52 visits Total: \$2080
1 adj/per week for 3 months 12 visits	1 adj/per week for 4 months 16 visits	B) 1 adj/every two weeks for 52 weeks 26 visits Total: \$1118
1 adj/ every two wks for 6 months 12 visits	1 adj/per week for 8 months 16 visits	C) 1 adj/ per month for 12 months 12 visits Total: \$540
2- 1 hr. massage therapy sessions per month for 12 months	1 – 1 hour massage therapy sessions per month for 16 months	D) 1 – 1 hr massage & adj per month 12 visits Total: \$960
Total: \$3360.00	Total: \$3200	E) 5 – 1 hr. wellness massage sessions Total: \$225
*** Complimentary massage therapy	*** Complimentary massage therapy	

*** Receive 4 – ½ hour massage therapy sessions complimentary upon completion of one year plan. ½ hour sessions may be upgraded to 1 hour for \$30.00.

<u>Add- On Services for Additional Savings</u> <u>Add to any Treatment Plan Above</u>
1) NRG Immune Enhancement System - Full Program (6 visits) incl. initial health history intake, assessment, testing and treatment \$300.00 (save \$100)
2) 12 – One hour Massage Therapy Sessions \$516.00 (save \$60)
3) 12 Laser Therapy Sessions \$50.00 (save \$10)
4) 12 Electrical Stimulation 20 min Sessions \$120 (Save \$24)

Signature First and Last Name (or Guardian and Relationship)

Date

I have received the price list of Active Chiropractic Wellness Center, LLC. I understand prices are in compliance with Medicare provisions and other insurance companies. I understand that I am responsible for payment at time of service.

