Allexi Chiropractic Acupuncture & Wellness Center LLC

FEES/CHARGES AND PROCEDURES

OUR MISSION IS TO PROVIDE THE HIGHEST QUALITY OF SERVICE AND CARE TO OUR PATIENTS.
Thank you for being our patient. We appreciate your trust in us and your investment in your health.

$295.00 NEW PATIENT VISIT OR NEW INCIDENT VISIT.
Includes an evaluation, exam ($170.00) and one treatment ($125.00). Either Chiropractic or Acupuncture, but not both.

$125.00 ESTABLISHED PATIENT CHIROPRACTIC ADJUSTMENT.

$125.00 ESTABLISHED PATIENT ACUPUNCTURE TREATMENT.

$75.00 ESTABLISHED PATIENT RE-EXAM WITHOUT NEW INJURY/INCIDENT.

NUTRITIONAL SUPPLEMENT CHARGES VARY AND ARE COMPLETELY SEPARATE CHARGES FROM SERVICES.
All nutritional supplement charges will be disclosed before purchase and are subject to the approval of the patient before the purchase. All supplements are non-returnable. Please feel free to ask Dr. Allexi any questions concerning procedures, fees, charges, or nutritional supplementation. Payment is due at the time of service for all procedures and supplements.

After payment for services, patients with regular commercial health insurance and out of network coverage can obtain a superbill or claim form from us that they may submit to their insurance for reimbursement. We do not bill insurance. All patients pay the same amount for all services.

There are no contracts at Allexi Chiropractic Acupuncture & Wellness Center because we are a cash practice which means that payment is due at the time of the appointment and patients may pay with cash, check, Visa, Mastercard or Health Savings Account credit cards.

We do not bill insurance, nor do we participate in Medicaid or Medicare or Tristar and patients will not have coverage under these programs. Therefore, to avoid confusion, patients will not receive a superbill for reimbursement for these programs. Medicare patients can receive Acupuncture in our office but not Chiropractic care. If you have any questions or concerns about coverage please contact our office.

I have read and understood all above fees, charges and responsibilities.

Print Name:____ Date:__________

Signature:____

Guardian Signature:____

Allexi Chiropractic, Acupuncture & Wellness Center LLC
811 Fox **Lane**, Ste D
Waterford, WI. 53185
262-323-2925

Dr. Jasmine Allexi
Chiropractor, Licensed Acupuncturist
NPI # 1598954810
EIN # 45-3517625

Good Faith Estimate for New Patient/New Episode

(Initial Visit Estimate)

Date: ________________Patient Name: _________________________________Date of Birth: ____________

•Good faith estimates were verbally provided upon scheduling or upon request

Diagnosis Codes	Description of Item or Service*	CPT Code	Quantity	Expected Charges
TBD to be determined	New patient evaluation /exam visit	99203	1	$170.00
TBD to be determined	Chiropractic Adjustment (3-4 areas)	98941	1	$125.00
	either one OR the other Chiropractic OR Acupuncture not both will be done at the ist appointment			OR
TBD to be determined	Acupuncture Treatment	97810	1	$125.00
			Total Expected Charges from Provider:	$295.00
			Total Expected Charges from Co-Provider:	0

I understand that:

[ ] There may be additional items or services the convening provider or convening facility recommends as part of the course of care that must be scheduled or requested separately and are not reflected in the good faith estimate.

[ ] The information provided in the good faith estimate is only an estimate of items or services reasonably expected to be furnished at the time the good faith estimate is issued to the uninsured (or self-pay) individual and that actual items, services, or charges may differ from the good faith estimate.

[ ] You have the right to initiate the patient-provider dispute resolution process if the actual billed charges are $400 more than the expected charges included in the good faith estimate and the dispute is initiated within 120 days after the date of the bill for the items or services. To start the process, you may contact us at the phone number or address listed above to let us know the billed charges are higher than the Good Faith Estimate. You can ask us to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available. You may also start a dispute resolution process with the U.S. Department of Health and Human Services within 120 calendar days (about 4 months) of the date on the original bill and if the agency disagrees with you, you will have to pay the higher amount. To learn more and get a form to start the process, go to www.cms.gov/nosurprises.

[ ] The good faith estimate is not a contract and does not require you to obtain the items or services from any of the providers or facilities identified in the good faith estimate.

PATIENT PLEASE REVIEW - PRINT & SIGN NAME

I have discussed or been given the opportunity to discuss any questions or concerns with my provider and have had these answered to my satisfaction prior to my signing this Good Faith Estimate document. I have made my decision voluntarily and freely.

PATIENT'SNAME(Print)____**Signature**____ **Date,**________________

PATIENT GUARDIAN/REPRESENTATIVE (PRINT) ________________________________SIGNATURE.___________________________________ DATE.____________________

Provider Signature____Date______________________

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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, prescription drugs, equipment, and hospital fees.
- 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 or call 262-323-2925.