

Yeager Chiropractic and Wellness
100 N. Tryon Street, Suite 165 Charlotte, NC 28202

EXPLANATION OF NON-COVERED CHIROPRACTIC SERVICES & SUPPLIES

Dr. Yeager will determine a treatment plan for each individual following the initial exam. Patients requiring electrical muscle stimulation therapy will be charged and additional **\$20.00** for electrical pads. The pads are not covered by your health insurance plan and payment is your responsibility. This fee will be collected the first day you receive therapy for electrical stimulation.

During the course of your treatment, Dr. Yeager may determine that follow up x-rays are necessary. These are not covered by your health insurance plan and payment is your responsibility. Patients requiring follow up x-rays will be charged and additional **\$30.00**. This fee will be collected on the date of service.

Products, services, nutritional consults and special testing ***not covered*** by your health insurance plan are listed below:

PRODUCT	Estimated Cost	SERVICES/TESTS	Estimated Cost
Vitamins and supplements	\$18 - \$110 per bottle (+ taxes)	Nutrition Consults	\$85 - \$150
Some orthotics and supports	\$320 - \$420	Food sensitivity serum	\$460 - \$610
Ice packs	\$30 - \$60	Blood serum tests	\$15 - \$500 per test
Therapy equipment for home use	\$20 - \$500	GI permeability test	\$200 - \$400
Heel lifts	\$6 - \$20	Heavy metal test	\$100 - \$250
Cervical Traction units	\$40 - \$95	Neurotransmitter test	\$200 - \$400
R2light	\$28 to \$40	Cold Laser therapy	\$40 - \$80 per session
Braces	\$30 to \$65	Wellness care	\$56
TENS units	\$100 to \$500	Massage therapy	\$85 - \$120 per session
Electrode pads	\$20	Stool analysis test	\$250 - \$500
		Single x-rays	\$30 per x-ray
		*Acupuncture	\$75 - \$95

Detailed prices for the list of products, special testing and services above are available at the front desk. All prices are subject to change without notice.

***SPECIAL CIRCUMSTANCES for non-covered services:**

CIGNA and **UNITED HEALTHCARE** policies have restrictions for chiropractic care and do not cover massage services performed *by a chiropractor*. Acupuncture treatment is **not covered** by ANY **CIGNA** plan. Other plans may not cover acupuncture treatments.

All fees will be collected on the date of service.

I understand that although the services, tests and supplies listed above may be required for the treatment of my condition, these charges are ***not covered*** by my health insurance plan and I will be personally responsible for payment of these charges.

Patient Signature

Date

PRINT NAME