



Dr. Nate Greenstein

**Fees, Financial and Insurance Information
(Non-Medicare and Non-Workers Compensation Patient)**

Two factors determine your charges for any particular visit. They are: (1) the type of service rendered and (2) the amount of time spent to perform the service.

The fee for an initial physical examination and subsequent evaluations can range from \$100.00 to \$300.00. The typical cost is \$200.00.

The charge for chiropractic manipulation is \$75.00.

We offer Avicenna high power laser therapy. It's the most powerful therapeutic laser in the United States. Laser therapy is billed at \$6.00 per minute. Treatment time can vary with each area treated, and is usually between 15 to 30 minutes per area.

The cost for other physical therapies range from \$40.00 to \$50.00 per procedure. The typical cost is \$45.00 per procedure.

Other services and products include: X-rays; CAT & MRI scans; ultrasound & nuclear medicine exams; laboratory & bone density testing; diet & nutritional counseling; nutritional supplementation & orthopedic supports.

Payment is expected at the time the service is rendered. We accept cash, check, MasterCard, Visa, Discover Card and the American Express Card.

If you have insurance benefits: A decision whether or not to accept an assignment of benefits will be made on a case by case basis depending on the type and extent of your coverage. If we decide to accept an assignment of benefits, you will still be ultimately responsible for all services rendered.

Our fees are within the acceptable range by most insurance companies and are covered up to the maximum allowable amount as determined by each carrier. Therefore, our fees are considered usual, customary and reasonable by most insurance companies. This statement does not apply to insurance companies who reimburse based on an arbitrary schedule of fees, which bears no relationship to the current standard and cost of care in the area. Some services may not be covered by your health plan.

Twenty-four hour notice to cancel or reschedule an appointment is required or we reserve the right to charge for the visit.

If you have any questions, please do not hesitate to ask us.

Patient Signature: _____ Date: _____

Patient Printed Name: _____