

Provider Fee Schedule Worksheet

If you currently offer cash or time of service discounts, you may consider keeping them the same when setting your ChiroHealthUSA fee schedule. Using ChiroHealthUSA will allow you to continue offering discounts within a legal network model.

Section 1

*Under the terms of this agreement, all providers must offer a minimum of a 5% discount on professional services. You may choose to offer discounts that are more significant to patients. While we do not dictate the discounts you offer, many discount medical plans offer discounts in the range of 10% to 30% and even up to 50% on some services. Below, you will enter the percent discounts you wish to offer; for example 20%. Most providers additionally choose to set a "capped" or maximum fee for new patient visits and/or routine office visits; for example, you may charge a \$125.00 maximum for an all-inclusive first visit and/or \$45 for an all-inclusive routine visit. **This option is not required. If you choose to do so, enter your selection below.***

For Cash Patients (or for patients who have exhausted their benefits and therefore become cash patients)

Members of ChiroHealthUSA will be offered a _____% discount off professional services.

Optional:

- a. New Patients will be offered the discount noted above, with a maximum visit fee of \$_____ for all non-covered services that day.
- b. Existing Patients, returning with a new complaint which may require services beyond normal office visit will be offered the discount noted above, with a maximum fee of \$_____ for all non-covered services on the same day.
- c. Routine office visits will be a maximum visit fee of \$_____ for all non-covered services on the same day.

You will often be faced with patients who do not fit into the categories above, but to whom you would like to offer a discount. For example, Medicare patients will have coverage for adjustments, but nothing else. You may choose to extend the discounts listed above, OR you may also set a flat fee per CPT code for these instances. For example, a Medicare patient may have traction in addition to CMT. That traction could for example be set at \$10, rather than a percentage off or capped fee. This could also apply to those receiving limited services only, such as therapy only.

If you would like to set certain discounted fees per code, fill in this section.

\$_____ for CMT codes (989x series)	\$_____ per modality (970xx series)	\$_____ per procedure (971xxseries)
\$_____ per service (975xx series)	\$_____ per service (977xx series)	\$_____ per EM code (992xx series)
\$_____ per film (720xx series)	\$_____ per other service, please list	(Use additional pages if needed)

Section 2 – Materials, Supplies, Orthotics, Nutritional –THIS SECTION OPTIONAL

The percentage discount you selected above was for professional services only. If you choose to offer discounts on supplies and materials, please enter the percent discount here.

_____% off on durable medical goods (TENS, Eqpt, Rehab Materials etc.)
_____% off stock orthotics, pillows, supports, soft goods etc.
_____% off CUSTOM orthotics supports soft goods etc.
_____% off Nutritional supplements or products

Section 3 – Exclusions (use separate page if necessary)

Providers who utilize specialty services: decompression, acupuncture, laser etc. are encouraged to extend discounts but may exclude these services listed below, if any (include CPT code & Description).

Provider or Clinic Owner Signature Required

Date: _____

SIGN HERE

NOTICE! Page 10F is the Family Plan Addendum and is the last page is this agreement.

Provider Fee Schedule Worksheet Family Plan Addendum

This Addendum is optional.

The first member of a family should be extended the discounts selected on page 10 of the Providers Agreement. For additional family members, you may offer the discounts selected on page 10, or you may choose to offer the higher discounts selected by you and entered below. You may also choose to offer a “capped” or maximum, per visit fee for each subsequent family member in conjunction with the selected percentage discount indicated. If you do not wish to set a capped or maximum fee, please leave the “maximum fee” line blank.

For Cash Patients *(or for patients who have exhausted their benefits and therefore become cash patients)*

- a. **Primary member** who becomes a **new patient** will be offered a _____% discount off professional services with a maximum fee of \$_____ for all non-covered services on their first visit.
- 2nd Patient Family Member will be offered a _____% discount off professional services with a maximum fee of \$_____ for all non-covered services on their first visit.
- 3rd or subsequent Patient Family Members will be offered a _____% discount off professional services with a maximum fee of \$_____ for all non-covered services on their first visit.
- b. **First Patient Family Member Routine office** visits - a _____% discount off professional services with a maximum visit fee of \$_____ for all non-covered services on the same day.
- 2nd Patient Family Member will be offered a _____% discount off professional services with a maximum fee of \$_____ for all non-covered services on the same day.
- 3rd or subsequent Patient Family Member will be offered a _____% discount off professional services with a maximum fee of \$_____ for all non-covered services on the same day.

ROUTINE OFFICE VISIT STIPULATION

To receive family plan discounts on routine office visits family members must be seen:

_____ On the Same Day

_____ In the Same Week

Services or special procedures excluded by the provider under the ChiroHealthUSA primary agreement are also excluded under this addendum.

 SIGN HERE

Provider or Clinic Owner Signature Required

Date

11F