PRICING INFORMATION

Here at The Wellness Way we want to be upfront about what each service may cost you and which is billable or not billable to insurance. This way you can make the best decision for you and your family. Please note that all the prices listed below are approximate and may vary slightly by location.

Please inquire about availability of services with your clinic.

CHARGES	PRICE RANGE
Supplements and Superfoods	^{\$} 10 - ^{\$} 100 per supplement
Individualized Food Education Visit	^{\$} 225
Consult Visit/Phone Consult Visit	^{\$} 375
Plan of Care and Test Results Visit	\$300
Test Result Follow-up Visit	^{\$} 175

SERVICES NOT BILLABLE TO INSURANCE

Insurance companies do not allow any of the above services to be billed.

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- ·If you have an HSA (Health Savings Account)/ FSA (Flex Spending Account) they may or may not allow for reimbursement. Please check with your HSA/FSA to determine what they allow to be purchased with HSA/FSA money.
- •Consultation and nutrition pricing is based on the individual. Once test results are received, a clinic member will meet with you to determine approximate pricing of your care plan and offer discounted pricing on bundled services. (Example plans on back of this sheet) Contact the clinic for more information.

DIAGNOSTIC TESTING (LAB WORK)

- Pricing information will be gone over by a clinic member when the test kit or order for blood work is recommended.
- Lab work is based on the individual and varies greatly in price.
- Consultations to review lab results and discuss plan of care ARE NOT included in the price of the lab test.

SERVICES THAT MAY BE BILLABLE TO INSURANCE

- •Please note that just because a service is billable to insurance does not mean it will be covered by your insurance provider.
- •Chiropractic care plans are available at a discounted rate when insurance is not being billed. (Sample on the back of this sheet) •Some of the services may be billable to Medicare and other state insurance. They may only cover services for providers located in the state your insurance is through.
- CHARGESPRICE RANGEExams (New Patient Exams and Re-Exams)\$100 \$175X-rays\$80 \$260Chiropractic Adjustments\$50 \$70Therapy\$20 \$40

*Prices may vary based on doctor's recommendations



EXAMPLE Chiropractic and Therapy Care Plan (Frequency of visits determined by doctor)

OPTION 1 CHIROPRACTIC: FULL PRICE - PAY AS YOU GO Adjustments 3-4 Region Therapeutic Exercises Neuromuscular Re-education Denneroll Pro-Lordotic Exerciser Exam: 1 X-Rays: 1		12 Adj. \$720.00 \$360.00 \$480.00 \$60.00 \$60.00 \$100.00 \$80.00
	TOTAL	^{\$} 1860.00
OPTION 2 CHIROPRACTIC: DISCOUNTED – PRE-PAY Adjustments 3-4 Region Therapeutic Exercises Neuromuscular Re-education Denneroll Pro-Lordotic Exerciser Exam: 1 X-Rays: 1		12 Adj. ^{\$} 720.00 Included Included ^{\$} 50.00 ^{\$} 50.00 ^{\$} 75.00 ^{\$} 80.00
	TOTAL	\$975.00

EXAMPLE

Consultation Care Plan (Frequency of visits based on individual needs)

OPTION 1 CONSULTATION PLAN: FULL PRICE - PAY AS YOU GO Initial Visit Plan of Care and Test Results Visit Test Result Follow-Up Visit Individualized Food Education Visit Consult Plan Follow-up Visit (6) @ \$375.00 ea. Supplements at Full Price		Paid by Patient at Initial Visit ^{\$} 300.00 ^{\$} 175.00 ^{\$} 225.00 ^{\$} 2250.00
OPTION 2 CONSULTATION PLAN: DISCOUNTED – PRE-PAY Initial Visit	TOTAL	\$2950.00 Paid by Patient at Initial Visit
Plan of Care and Test Results Visit Test Result Follow-Up Visit Individualized Food Education Visit Consultation Plan Follow-up Visit (6 @ \$275.00 ea.) <mark>Supplements at 10% Discount</mark>		^{\$} 225.00 ^{\$} 150.00 ^{\$} 175.00 ^{\$} 1650.00
	TOTAL	^{\$} 2200.00

PLEASE NOTE THAT THESE ARE **EXAMPLE PLANS. PRICES AND PLANS MAY VARY DEPENDING ON INDIVIDUAL NEEDS.