

St. Henry Chiropractic, LLC  
Scott McClure, D.C.

570 E Kremer Hoying Rd. #H  
St. Henry, OH 45883

NPI: 1639482185

TIN: 27-3101493

Cash Patients

If you do not have insurance, if our office is not in your insurance network, or you are under-insured, we can offer you a discount on your services by Time-of-Service Discount (TOS). The TOS discount can only be offered the same day as the service, which means the services must be paid with cash, check, or credit card on the same day the services were delivered and cannot be paid at a later date, such as the next day or later that week. All charges on that date must be paid in full in order to receive the full TOS discount. Discount does not include Orthotics, Supplements, Pillows, Tape, TENS units, or other items.

Paying with a credit, debit, HSA, or FSA card, our office will charge a 3% processing fee for all card transactions.

Below we have provided a **Good Faith Estimate** of possible charges that may occur at our office. Each treatment could be different based from your diagnosis. We have listed all the possible charges that our office provides, for any additional questions and a price estimate for all your upcoming appointments please talk to one of our staff members.

The Good Faith Estimate does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications or special circumstances occur. If this happens, federal law allows you to dispute the bill. This is not a contract.

CODE	SERVICE	COST
99203	Exam	\$60.00
99212	Exam	\$61.80
98940	Adjustment 1-2 areas	\$30.00
98940 Medicare	Adjustment 1-2 areas	\$28.00
98941	Adjustment 3-4 areas	\$41.00
98941 Medicare	Adjustment 3-4 areas	\$40.00
97035	Ultrasound	\$14.00
97014	Electrical Stimulation	\$12.00
97026	Laser	\$12.00
97810	Acupuncture	\$50.00
	Acupuncture w/adjustment	\$30.00
L3020	Orthotics	\$320.00

<b><u>Patient Information</u></b>	
Patient Name:	_____
Date of Birth:	_____
Phone number:	_____
Address:	_____
City:	_____ State: _____ Zip: _____
Email:	_____

I certify the above information is true, accurate to my ability.	
_____	_____
Signature	Date