

Robert C Slater BA, MSC, CME, DC: Healing Hands Wellness Center
631 Cleveland Ave s #1 St Paul, MN 55116

T.O.S. /Underinsured Discount/Family Plan/Membership/Hardship Fee Schedules: eN~Motion Wellness LLC offers discounts off selected clinical professional services as well as specified capped fees. All cash or time of services members, family plans, membership plans, as well as partially covered insurance clients of eN~Motion Wellness will be offered a minimum of 60% off all professional services. All schedules noted below are agreed to by patient and this is sufficient authority, given the full disclosure of regular fees, for any such discounted fee payment to occur.

1-New Cash Patient: Cap Cost of Initial Visit \$83.00 [normally \$260.00] (68% discount), (defined as: Exam and Consult with chiropractic adjustments and a single therapy). Also applies to established patient with a new complaint requiring a consult and examination. [Includes variable discounts on regular fees as noted].

1a: New Cash Patient and Family Member: Cap Cost of Initial Visit \$65.00 [normally \$260.00] (75% discount): [Exam: 99203/99213: \$145.00], [3-Regional Adjustment: 98941:\$75.00/\$54.00], [Modality: 97010: \$40.00], [Procedure: 97140: \$50.00]: same stipulation as per 1 above.

2-Established Cash Patient: Cap Cost of Re-evaluation Visit: \$73.00 (normally \$230.00) [68% discount]:

(For patient who has been away from office for more than 30 days but less than 1 years; after 1 year gap in attendance you will be considered a new patient:

***Exam and Consult with chiropractic adjustments and a single therapy).** Also applies to each regular patient after every 12 visits. [Includes variable discounts on regular fees as noted]. [Exam: 99213: \$109.00], [Adjustment: 98941: \$75.00], [Modality: 97010: \$40.00], [Procedure: 97140: \$50.00].*

2a-Established Cash Family Patient: Cap Cost of Re-evaluation Visit: \$57.00 (normally \$230.00) [75% discount]:

same stipulation as per 2 above.

3-Regular Follow UP Cash Visits: Cap Cost of \$45.00 [normally \$115.00/\$125.00] = [73% discount] (defined as: chiropractic adjustments and a single therapy). All follow-up discount offers on regular office visits provided if an only if a 21-30 day gap in treatment does not occur. If a 30 day gap does occur a discount re-evaluation fee applies of \$73.00.

4- Partially Covered Insurance Patients: [Such as any commercial carrier or Federal Medicare or Medicaid insurance]

\$45.00 (\$145.00) [99203] for examination/consultation [69% discount]

\$34.00 (\$109.00) [99213] for re-examination/consultation [69% discount]

\$30.00 (\$75.00) [98941] for 3-4 Region Chiropractic Manipulative Treatment [60% discount]

\$22.00 (\$55.00) [98943] for Extremity/Cranial Chiropractic Manipulative Treatment [60% discount]

\$12.00 (\$40.00) [97010] for modality [Hot/cold, EMS, US, mechanical traction] [70% discount]

\$15.00 (\$50.00) [97140] for procedure [manual traction, manual therapy] [70% discount]

\$20.00 (\$65.00) [97110] per service [exercise therapy/instruction] [70% discount]

4a-Established Patients whose insurance coverage is denied after 6 to 10 visits, or if their renewed insurance contracts with substantially increased deductibles and copayments, have created for them a financially disadvantaged situation which is prohibitive to receive otherwise covered essential chiropractic health care can either (1) sign up for a membership plan that fits their needs, or (2) pay for a regular cap cost of \$45.00 per visit, (3) or declare hardship [requires proof of income].

5-Discounts offered on non-professional services: [materials, supplies, orthotics and nutritional supplements]

10% off durable medical equipment; orthotics, pillows, braces; nutritional supplements

6: Exclusion:

Laboratory blood or urine tests, Spinal radiographic services and other imaging such as MRI/CT are referred out at this time and these fees are stipulated and regulated by outside centers: such as CDI etc.

7: New Family Patient Cash Plan Extension Option:

A core family patient plan [adult or child] includes a sliding scale discounts for each member. Family member is noted as: Immediate blood relative living under same roof and under 21 years of age. Family plans are considered active if and only if a minimum required treatment frequency is maintained. Family discount benefits will become inactive if a gap in 30 days occurs between adult visits or 60 days for minors: between ages of 1 to 18.

7a-Initial First Family Member [Adult] discount: [Cap Cost of Initial Visit \$65.00 [normally \$260.00] (75% discount):

[Exam: 99203/99213: \$145.00], [3-Regional Adjustment: 98941:\$75.00/\$54.00], [Modality: 97010: \$40.00], [Procedure: 97140: \$50.00]: same stipulation as per 1 above.

7b-Second New In-Family Patient: Cap Cost of \$45.00 [normally \$310.00] (85% discount), [99203/99213], [98941], [97010], [97140], [97110]: *Also applies to established patient with a new complaint requiring a consult and examination.* [Includes variable discounts for as noted in section 3.

7c-Additional [3 or more] In-Family Patient: Cap Cost of \$35.00 [normally \$310.00] (89% discount), [99203/99213], [98941], [97010], [97140], [97110]: *Also applies to established patient with a new complaint requiring a consult and examination.* [Includes variable discounts for as noted in section 3.

7d-Regular Follow-Up For Family Patient: Cap Fee Applies To All: \$20.00 [normally \$115 to \$125.00 [84% discount]:

*All follow-up family discount offers on regular office visits provided if an only if a 30 day gap in treatment does not occur. If a 30 day gap does occur a **discount re-evaluation fee applies of \$73.00** and patient reverts back to **Regular follow-up fee of \$45.00** (see #2 above).*

8: Optional Cash Membership Plan: based on the cap cost in section 1 and 2 above, a membership plan is an extended discount for chiropractic services for a minimum of 3 to a maximum of 6 months, depending on a patient's health status and diagnosis, for any member of member family of that family at a set fixed cost AFTER THEIR FIRST VISIT. If a patient wishes to join a membership plan for 3 to 6 months, the discount cost of the first visit is reduced to **\$45.00 [discount 85% on regular costs of \$310.00]** and re-evaluations every 10-12 visits are discounted at **\$25.00 [discount 89% on regular costs of \$230.00]**.

The extended membership plan (A) is based on a treatment frequency of 2* per week, as well as 2 re-evaluations throughout the first 3 months [plus first visit discount fee \$45.00].

Membership plan (B) is based on a treatment frequency of 1* per week for 3 months, as well as 1 reevaluation at the end of the 3 month period [plus first visit discount fee of \$45.00]

Discounted membership visits scheduled for during any one week but missed do not transfer between weeks and no refunds on missed visits will be given. Exceptions may be considered for personal illness, family issues or work difficulties. Termination of a weekly membership plan by either the patient or the physician requires a 1 week notice.

8A: First Membership: Plan A: Three month plan with 24 visits scheduled 2* per week at \$35.00 per visit: **Initial: \$45.00 +23 visits: \$805.00 +2 re-evaluations: \$50.00 = Membership Plan A total of \$900.00; [regular cost: \$260.00+**

\$2760.00+ \$460.00 = total of \$3600.00 [or 75% total discount]. Additional 10% reduction is paid in full on initial visit or \$810.00:

Payment Options: (1) Initial payment: 50% = \$450.00, (2) Second payment 30% = \$300.00, (3) Third payment 20% = \$180.00

8B: All Additional Members for Plan A: Three month plan with 24 visits scheduled 2* per week at \$30.00 per visit:

Initial: \$45.00 +23 visits: \$690.00 +2 re-evaluations: \$50.00 = Membership Plan A total of \$785.00; [regular cost: \$260.00+ \$2760.00+ \$260.00 = total of \$3280.00 [or 77% total discount]. Additional 10% reduction is paid in full on initial visit or \$706.50:

Payment Options: (1) Initial payment: 50% = \$392.50, (2) Second payment 30% = \$235.5, (3) Third payment 20% = \$157.00

8C: Additional Three Months Membership To Plan 8A/B: Three month plan with 12 visits scheduled 1* per week at \$35.00 per visit: **Initial: \$45.00 +11 visits: \$385.00 +1 re-evaluation: \$25.00 = Membership Plan B total of \$455.00;**

[regular cost: \$260.00+ \$1320.00+ \$260.00 = total of \$1840.00 [or 75% total discount]. Additional 10% reduction is paid in full on initial visit or \$410.00:

Payment Options: (1) Initial payment: 50% = \$227.50, (2) Second payment 30% = \$136.5, (3) Third payment 20% = \$91.00

8D: Membership Plan D: Three month plan with 6 visits scheduled 1* per bi-weekly at \$35.00 per visit: **Initial: \$45.00 +5 visits: \$175.00 = Membership Plan C total of \$220.00; [regular cost: \$260.00+ \$600.00 = total of \$860.00 [or 74% total discount]**.

Payment Options: (1) Initial payment: 50% = \$110.00, (2) Second payment 50% = \$110.00

8E: Third Membership Plan E: Three month plan with 4 visits scheduled 1* per tri-weekly at \$35.00 per visit: **Initial: \$45.00 +3 visits: \$105.00 = Membership Plan C total of \$150.00; [regular cost: \$260.00+ \$360.00 = total of \$620.00 [or 83% total discount]**.

Payment Options: (1) Initial payment: 50% = \$227.50, (2) Second payment 50% = \$136.5

All cash membership schedule options are defined as treatment between 1 to 4 weeks period. No cash membership plans are offered for treatment services rendered beyond a 4 week period.

9: Hardship Plan or Options: in uninsured patients or upon proof of hardship and at Dr Slater's discretion, a patient may be offered a variable discount on their initial new patient visit as well as their follow-up treatments.

Membership's Caveat: all cash plan fees schedules noted above which offers discounts on regular office visits must be treated on a plan specific interval for membership to be kept in good standing. Any refunds are subject a \$100.00 book keeping fee, and the amount refunded will reflect the difference between the total paid and the portion already used [-\$100.00 bookkeeping fee]. A copy of your credit card details to be used for payment is required and kept on file in safe keeping for use at the 1st of the month debits/charges associated with your plan payment options.

Plan Selected:

I agree to this plan and understand my payment responsibility :

Patient's Printed Name and Signature :Date.....

Doctor's Printed Name and Signature:Date.....