

Birks Chiropractic and Wellness Center
 Dr. Kara Birks DC, Dr. Linda Claeys DC, Dr. Ariel Young DC, Dr. Owen McConnell DC
 810 S Chicago St, Geneseo, IL 61254
 309-944-1213

Good Faith Estimate for Self-Pay Patients

Estimated Services and Items:

Description	Service Code	Expected Cost
New Patient Exam – Required on first visit or after 3 years with no treatments	99202-99203	\$55-\$63
Re-exam – Required with a new injury or some new symptoms, or after 1 year with no treatments	99212-99213	\$43-48
Adjustments	98940-98941	\$40 (with time of service payment discount) \$45
Massage	30 – 60 minutes	\$40-\$65
Acupuncture	97810-97811	\$35-\$50
X-Rays – Only taken if medically necessary	72040,72050,72070,72100	\$75
Cervical/Lumbar Traction	97012	\$25

*If you would like a specific estimate for the first month of treatment after the initial evaluation, please let us know and we would be happy to estimate more specific prices during our initial evaluation.

Disclaimers:

This Good Faith Estimate shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created. 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 (appeal) the bill. If you are billed for more than this Good Faith Estimate, you have the right to dispute the bill.

You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

You may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. There is a \$25 fee to use the dispute process. If the agency reviewing your dispute agrees with you, you will have to pay the price on this Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount. To learn more and get a form to start the process, go to www.cms.gov/nosurprises/consumers or call 1-800-985-3059.