

Health Care Fee Schedule for Arctic Medical Center

This notice is being posted in accordance with **AS 18.23.400**. Disclosure and reporting of the healthcare services, prices, and fee information. Effective January 1, 2019 and until further notice, Arctic Chiropractic charges the following undiscounted fees for the listed health care services:

You will be provided an estimate of the anticipated charges for your non-emergency care upon request. Please do not hesitate to ask for information.

The undiscounted prices listed below may be higher or lower than the amount an individual actually pays for the healthcare services described.

Arctic Chiropractic is contracted to provide health care services as an in-network preferred provider with Premera Blue Cross Blue Shield of Alaska.

Evaluation/Management:		
Billing Code	Description	Fee
97140	Manual Therapy Per Unit	\$86

Medicine		
Billing Code	Description	Fee
98940	Chiropractic Adjustment 1-2 Regions	\$75
98941	Chiropractic Adjustment 3-4 Regions	\$111
98942	Chiropractic Adjustment 5 Regions	\$135
98943	Extremity Adjustment – i.e. Shoulder, Wrist, Ankle	\$57
97302	Electrical Muscle Stimulation per unit	\$75
97014	Electrical Stimulation	\$59
97010	Hot or Cold packs	\$53
97530	Therapeutic Activity Direct PT Contact 15 Minutes	\$105
97112	Neuromuscular Re-education 15 min per unit	\$103

You may also find a copy of this fee schedule on our website at <http://arcticchiropractic.com>

The State of Alaska Department of Health and Social Services website address is

<http://dhss.alaska.gov/Pages/default.aspx>