FEE SCHEDULE REVISION FORM

ChiroHealthUSA
The Network That Works for Chiropractic!

Clinic Name: _____ **Doctor Name:** _____ **Date:** _____

CPT CODE	ACTUAL FEE	CURRENT CHUSA FEE	NEW CHUSA FEE
98940			
98941			
98942			
98943			
99202			
99203			
99204			
99205			
99212			
99213			
99214			
99215			

CAPPED FEES	CURRENT	NEW
New Patient Visit		
Routine Visit		
Other:		

CPT CODE	ACTUAL FEE	CURRENT CHUSA FEE	NEW CHUSA FEE
97010			
97012			
97014			
97032			
97035			
97039			
97110			
97112			
97124			
97140			
97530			
97535			
OTHER			
OTHER			
OTHER			
OTHER			
OTHER			

COMMENTS:

Reminder: If you are increasing your CHUSA fees, you must honor the fee schedule in place for all patients enrolled under your previous fee schedule until their anniversary dates. **FAX:** 888-685-2220 or **EMAIL:** fees@chirohealthusa.com

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FAMILY PLAN (optional)*

*Family discounts MUST be greater than the first patient.

NEW PATIENT VISIT

PRIMARY MEMBER: ☐ % reduction of normal clinic fees with a maximum fee of $ ☐

2ND PATIENT FAMILY MEMBER: ☐ % reduction of normal clinic fees with a maximum fee of $ ☐

3RD & SUBSENQUENT FAMILY MEMBERS: ☐ % reduction of normal clinic fees with a maximum fee of $ ☐

ROUTINE OFFICE VISIT

PRIMARY MEMBER: ☐ % reduction of normal clinic fees with a maximum fee of $ ☐

2ND PATIENT FAMILY MEMBER: ☐ % reduction of normal clinic fees with a maximum fee of $ ☐

3RD & SUBSENQUENT FAMILY MEMBERS: ☐ % reduction of normal clinic fees with a maximum fee of $ ☐

ROUTINE OFFICE VISIT STIPULATIONS:

In order to receive the family plan discount, the family member must be seen:

☐ same day ☐ same week ☐ same month ☐ no stipulations

ADDITIONAL COMMENTS:

Reminder: If you are increasing your CHUSA fees, you must honor the fee schedule in place for all patients enrolled under your previous fee schedule until their anniversary dates. **FAX:** 888-685-2220 or **EMAIL:** fees@chirohealthusa.com