

Menu of Services & Self-Pay Fee Schedule as of 12/01/2023

Notice: All Fees below reflect enrollment in the medical	discount program
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New Patient Examination-Spinal	Code	Fee	Spinal and extremity complaints only; ex.:	
Consultation	N/A	\$0.00	10 minute phone/video chat with Dr. Frank; No examination	
Brief <10 minutes	99201	\$99.00	1 simple spinal complaints; imaging available <1 yr. old	
Focused <15 minutes	99202	\$134.50	1-3 simple spinal complaints; imaging available <1 yr. old	
Detailed <30 minutes	99203	\$196.00	1-4 simple spinal complaints; no imaging available; Neuropathy only [No additional spinal complaints]	
Expanded <45 minutes	99204	\$285.00	Greater than 5 complaints or Moderate Complex Case	
Comprehensive 60 minutes	99205	\$392.00	Comprehensive evaluation or Complex Case	
Neuropathy add on	N/A	\$60.00	Neuropathy add-on to physical examination	
Functional Health Add-on (25 mins.)	N/A	\$134.50	No Physical Examination	
Brain Mapping/QEEG	N/A	\$175.00		
Dizziness		>\$224.50 [Exam 99202, 92541 Gaze & 95942 Positional Testing w/infrared goggles]		
Brain Health (Brain Injury, Anti-Aging)	\$1050.50	→\$722.25 B.E.A.C.O.N. Evaluation		
Intensives	N/A	Multiple	treatment sessions/day, multiple days; call for pricing	
Telehealth (Initial)	N/A	\$170 25	min., \$210 40 min., \$260 55 min.	
Treatment and/or Therapies are NOT i	ncluded in	n the exan	ination fee	
Functional Health Evaluation [No	Physica	l Exami	nation]	
25 minutes	N/A	\$150.00		
55 minutes	N/A	\$285.00		
Review of past lab, test, blood work, etc.	N/A	\$30.00 per report (1-3 page report)		
Analysis of report of past tests, blood, etc.	N/A	\$100.00 1 st report/\$75 ea. Additional report		
Home Treatment plan	N/A	Start @ \$50 (LASER, Interactive Metronome)		
Report of Findings & Recommend	ations	Report &	explanation on what was found and how to correct it	
Brief (5 minutes)	N/A	\$30.00		
Comprehensive (25 minutes)	N/A	\$165.00		
Video Chats/Telemedicine follow-ups	N/A	\$75/15mins.; \$130/25 mins.; \$200/450 mins, \$250/55 mins.		
Reevaluations/New Complaint(s)	Area(s) no	t evaluated	during initial exam; unless comprehensive exam	
Brief <10 minutes	99211	\$40.00	>12 months last office visit	
Focused <15 minutes	99212	\$74.00	>12 months last office visit	
Detailed <30 minutes	99213	\$115.00	>12 months last office visit	
Expanded <45 minutes	99214	\$165.00	>12 months last office visit	
Expanded <45 minutes Comprehensive 60 minutes		\$165.00 \$255.50		
	99214 99215	\$165.00 \$255.50	>12 months last office visit >12 months last office visit	
Comprehensive 60 minutes Additional Evaluations	99215	\$255.50	>12 months last office visit	
Comprehensive 60 minutes Additional Evaluations Spontaneous Nystagmus and Gaze	99215 92541	\$255.50 \$40.00	>12 months last office visit Balance, Vision, etc. issues	
Comprehensive 60 minutes Additional Evaluations Spontaneous Nystagmus and Gaze Positional/Positioning [Crystals]	99215 92541 92542	\$255.50 \$40.00 \$75.00	>12 months last office visit Balance, Vision, etc. issues Vertigo, dizziness, concussion (crystals)	
Comprehensive 60 minutes Additional Evaluations Spontaneous Nystagmus and Gaze Positional/Positioning [Crystals] Video Ocular Gaze Testing	99215 92541 92542 92540	\$255.50 \$40.00 \$75.00 \$150.00	>12 months last office visit Balance, Vision, etc. issues Vertigo, dizziness, concussion (crystals) Vertigo, dizziness, concussion (non-crystals)	
Comprehensive 60 minutes Additional Evaluations Spontaneous Nystagmus and Gaze Positional/Positioning [Crystals]	99215 92541 92542	\$255.50 \$40.00 \$75.00	>12 months last office visit Balance, Vision, etc. issues Vertigo, dizziness, concussion (crystals)	

Daily Fees [Adjustment (CMT)	1	Visit are for the treatment of spinal complaints/subluxations , etc.			
	•	This is not for Functional Health visits, Emotional counseling, etc.			
CMT via instrument		98940	\$35.00	Activator, Arthrostim, SOT blocks, Drop table	
		98941/2	\$40.00	Jaw	
CMT via Manual adjustment i.e. Diversified, Gonstead, Occipital lift					
CMT 1-2 areas		98940	\$50.00	Manual Extremity Adjustment w/o Spinal CMT	
CMT 3-4 areas		98941	\$60.00		
CMT 5 or more areas		98942	\$70.00		
Extremity Adjustment		98943		CMT; shoulder, wrist, knee, ankle, etc. (Not Jaw)	
Dr.'s Time		97799	\$30/5 mi		
Muscle Response Testing (kinesio	logy)	N/A	\$50/5 mi	n.	
Therapies				10 minutes, unless otherwise noted	
Electrical Therapies		G0283	\$10.00	10 minute session	
Extra Corporeal SoftWave Therap	y	0101T	\$175.00/	session for 500 waves; Packages available	
LASER; unattended		S8948	\$20.00	One (1) LASER/area; for 10 minutes	
Cervical Spinal Decompression		S9090	\$40.00	Carpal tunnel, tense neck, etc.	
"" With LASER (S8948)			\$55.00		
Lumbar Spinal Decompression		S9090	\$50.00	20 minutes; Sciatica, tense muscles, etc.	
"" With LASER (S8948)			\$65.00		
Therapeutic Exercises		97110	\$30.00	Rebuild injured/uncoordinated tissues	
Neuromuscular Reeducation		97112	\$40.00	Nerve/Muscle/tendon/joint retraining	
Therapeutic Activities		97530	\$50.00	Dynamic activities to rebuild injured tissues	
Cognitive Training		97532	\$60.00	Rebuild neurocognitive pathways	
Sensory Integrative Therapies		97533	\$60.00	Balance Training, Dizziness training	
Kinesiology Taping		97799	\$10.00	Per area	
Kinesiology Tape	inesiology Tape N/A		\$2.00 pe	r each 10" strip; or bring your own supply	
LED 97026		97026	\$10.00 @	D one (1) body area	
Canal Repositioning Maneuver		95992	\$60.00	Gravity Reset, Epley, etc.	
Dr.'s Time		97799	\$30.00	every 5 minutes	
NeuroRehab					
NeuroGym #1 (25 minutes)	97533	, 97110	\$90.00	Balance, Interactive Metronome, etc.;	
NeuroGym #2 (55 minutes)	97533	x2, 97530	\$170.00		
NeuroRehab #1 (25 minutes w Dr. Fr	NeuroRehab #1 (25 minutes w Dr. Frank)		$180.00 \rightarrow 165.00$ One-on-one treatments with Dr. Frank		
NeuroRehab #2 (55 minutes w/ Dr. F	Frank)	97533x6	\$360.00	\rightarrow \$320.00 One-on-one treatments with Dr. Frank	
Functional Health Follow ups					
15 minutes		N/A	\$75.00	Thyroid, Gut, Cognitive Decline	
25 minutes		N/A	\$130.00	As above, more complaints	
55 minutes		N/A	\$260.00	As above, more complaints	
Review of labs, test, blood work, etc.		N/A	\$30.00 per report (1-3 page report)		
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Follow-up VOG testing		92540	\$100.00		