



Timothy S. Lackey, DC, CCSP
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FEE SCHEDULE

Physical Exam	\$50.00 - \$250.00 (Time)	Not Covered by Medicare
Adjustment	\$50.00 - \$70.00 (Spinal Regions)	
Extremity Adjustment	\$35.00 per Region	
Acupuncture	\$50.00	Not Covered by Medicare
Therapy:	Not Covered by Medicare	
Diathermy	\$30.00	
Vibracussion	\$30.00	
G-5	\$30.00	
Heat	\$30.00	
Ice	\$30.00	
Electric Stimulation	\$30.00	
Mechanical Traction	\$30.00	
Ultra Sound	\$30.00	
Active Release Technique (ART)	\$45.00 per 15 min.	
Electric Stimulation Pads	\$20.00	Not Covered by Insurance or Medicare

****All medical supplies and supplements must be paid for upon receipt.**

****All Insurance Co-pays and Deductibles are due at time of service.**

****Any treatment receiving Time of Service Discount must pay at time of service.**

I have read and understand the above procedures and charges.

Print Name: _____

Signature: _____ **Date:** ____ / ____ / ____