

CA LICENSE: 28999
 TAX ID: 20-3241393
 CLINIC NPI: 1114107901
 DR NPI: 1023297322



SAHARA CLINIC
Dr. Darrick E. Sahara
 Chiropractic Kinesiologist

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Explanation of Fees and Billing

Dr. Sahara is a non-participating provider with insurance companies. If you have an insurance plan (PPO, EOP, or Flex plan) that usually reimburses a patient for our services, we will provide you with a bill that includes procedural and diagnostic codes to submit to your insurance company. The insurance company may or may not reimburse you. We do not provide bills for HMO or "pre-authorization needed" type insurances (eg. Workman's Compensation). Our experience has been that these insurance plans do not cover our services or supplements. Most insurance companies do not cover the first exam/consultation, but will often cover a certain number of treatments. The doctor has been given permission to opt out of Medicare. Therefore, we do not bill Medicare. Dr. Sahara is not a provider because he does not want the insurance companies dictating the treatment for his patients. Please be aware that prices are subject to change at any time and treatment times vary according to the patient's needs.

For tax purposes, please save all paid bills and receipts of re-imburements from your insurance company (if you are sending in claims). Please consult your accountant for further information about itemizing your medical expenditures and how you should pay for your medical expenses.

CONSULTATION

Comprehensive	5 – 10 min	NO CHARGE (N/C)
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DYNAMIC KINESIOLOGY (upon request)

To Be Determined (TBD)

TOTAL KINESIOLOGY

Total Initial Exam	30 min	Pay Before Appointment \$100.00
Total Initial Exam & Treatment First Visit/Comprehensive	90 min (1 1/2 hrs)	520.00
Deposit for Initial Exam & Treatment		50% Deposit 260.00
Chiropractic Adjustment Only	5 min	100.00
Chiropractic Initial Exam & Adjustment	20 min	150.00
AK Basic Treatment (1-2 Regions)	15 min	120.00
AK Detailed Treatment (3-4 Regions)	30 min	200.00
AK Extended Treatment (5 Regions)	45 min	240.00
AK Comprehensive Treatment (Extra Regions)	60 min (1 hr)	330.00
AK Intensive Treatment	90 min (1 1/2 hrs)	420.00
AD Additional Time	120 min (2 hrs)	480.00
	150 min (2 1/2 hrs)	520.00
	180 min (3 hrs)	560.00

ADDITIONAL THERAPY

Ortho Molecular Support – Supplements		TBD
Herbal Essences		Per Dose 10.00
Flower Essences		Each 50.00
Element Vials		50.00

OTHER SERVICES

Cold Laser Treatment		Each Treatment 70.00
Detox – Biocleanse	1-5 sessions	50.00 – 150.00
Hyperbaric Oxygen Treatment (HBOT)	1-5 sessions 60 min (1 hr) each session	85.00 – 299.00
Counseling – Nutrition, Exercise, etc.	15 min	100.00
Testing – Muscle, Range of Motion, etc.	15 min	100.00
Copies of Past Bills		Each Bill 35.00
Letters		Minimum 350.00
Symptom Survey		70.00
Shipping and Handling		10.00 – 15.00

The billing practices have been explained to me and I understand that payment is due when service is rendered. All exam and consultation times are approximate since treatment and diagnosis depends on the patient's condition.