

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



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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-imbursements 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)	
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TOTAL KINESIOLOGY

Total Initial Exam	30 min	Pay Before Appointment	\$100.00
Total Initial Exam & Treatment First Visit/Comprehensive	90 min (1½ hrs)		550.00
Deposit for Initial Exam & Treatment		50% Deposit	270.00
Chiropractic Adjustment Only	5 min		100.00
Chiropractic Initial Exam & Adjustment	20 min		160.00
AK Basic Treatment (1-2 Regions)	15 min		140.00
AK Detailed Treatment (3-4 Regions)	30 min		230.00
AK Extended Treatment (5 Regions)	45 min		260.00
AK Comprehensive Treatment (Extra Regions)	60 min (1 hr)		350.00
AK Intensive Treatment	90 min (1½ hrs)		450.00
AD Additional Time	120 min (2 hrs)		500.00
	150 min (2½ hrs)		550.00
	180 min (3 hrs)		600.00

ADDITIONAL THERAPY

Ortho Molecular Support – Supplements	TBD		
Herbal Essences	Per Dose	15.00	
Flower Essences	Each	50.00	
Element Vials	Included in Treatment		

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	95.00 – 317.00	
Counseling – Nutrition, Exercise, etc.	60 min (1 hr) each session		
Testing – Muscle, Range of Motion, etc.	15 min	100.00	
Copies of Past Bills	15 min	100.00	
Letters			Each Bill 35.00
Symptom Survey			Minimum 350.00
Shipping and Handling			70.00
			12.00 – 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.