

The Wellness Way - Eau Claire 4210 Southtowne Dr. Eau Claire, WI 54701

PRICING INFORMATION

Here at The Wellness Way we want to be upfront about what each service may cost you and which is billable or not billable to insurance. This way you can make the best decision for you and your family. Please note that all the prices listed below are approximate and may vary slightly by location. Check with your local Wellness Way for payment options. Contact your insurance provider for network status.

DIAGNOSTIC TESTING (LAB WORK)

- Lab work is based on the individual and varies greatly in price. The Wellness Way believes strongly in high-quality, comprehensive testing and works with many lab companies to offer the most cost-effecitve solutions possible.
- Some lab work is billable to insurance and some is not.
- Pricing and insurance information will be gone over by a doctor or staff member when the test kit or order for blood work is given.
- Consultations to go over lab results and discuss plan of care ARE NOT included in the price of the lab test.

SERVICES THAT MAY BE BILLABLE TO INSURANCE

- Please note that just because a service is billable to insurance does not mean it will be covered by your insurance provider.
- Chiropractic care plans are available at a discounted rate when insurance is not being billed. (sample on the back of this sheet)
- Some of the services are billable to Medicare and Medicaid. Medicaid will only cover services for providers located in the state your Medicaid is through.

CHARGES	PRICE RANGE
Exams (New Patient Exams and Re-Exams)	\$100 - \$175
X-rays	\$80 - \$260
Chiropractic Adjustments	\$40 - \$60
Therapy	\$20 - \$40

SERVICES NOT BILLABLE TO INSURANCE

- Insurance companies do not allow any of the following services to be billed. If you have an HSA (Health Savings Account) they may or may not allow for reimbursement. Please check with your HSA to determine what they allow to be purchased with HSA money.
- Consultation and nutrition pricing is based on the individual. Once test results are received a billing specialist will meet with you to determine approximate pricing of your care plan and offer discounted pricing on bundled services. (Example plans on back of this sheet) Contact the billing department for more information.

CHARGES	PRICE RANGE
Supplements and Superfoods	\$10 - \$200 per supplement
Patient Education/Nutrition Counseling	\$225
Consultations/Phone Consultations	s350
Test Results & Plan of Care Visit	\$250



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EXAMPLE

Chiropractic and Therapy Care Plan (Frequency of visits determined by doctor)

Option 1:			
CHIROPRACTIC: FULL PRICE - PAY AS YOU GO Adjustments 3-4 Region	8 Adj. \$480.00	12 Adj. \$720.00	
Therapeutic Exercises	\$240.00	\$360.00	
Neuromuscular Re-education	\$320.00	\$480.00	
Denneroll	\$60.00	\$60.00	
Pro-Lordotic Exerciser	\$60.00	\$60.00	
Exam: 1	\$100.00	\$100.00	
X-Rays: 1	\$80.00	\$80.00	
	TOTAL \$1340.00	\$1860.00	
Option 2:			
CHIROPRACTIC: DISCOUNTED – PRE PAY (Services discounted)	8 Adj.	12 Adj.	
Adjustments 3-4 Region	\$480.00	\$720.00	
Therapeutic Exercises	Included	Included	
Neuromuscular Re-education	Included	Included	
Denneroll	\$50.00	\$50.00	
Pro-Lordotic Exerciser	\$50.00	\$50.00	
Exam: 1	\$75.00	\$75.00	
X-Rays: 1	\$80.00	\$80.00	
	TOTAL \$735.00	\$975.00	
	IUTAL \$7.00.00	\$070.00	
	EXAMPLE		
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Option 1: CONSULTATION PLAN: FULL COST PAY AT <u>EACH</u> A Initial Visit Test Results & Plan of Care	PPOINTMENT Paid by Patient a \$250.00	t Initial Visit	
Option 1: CONSULTATION PLAN: FULL COST PAY AT EACH A Initial Visit Test Results & Plan of Care Two-week Follow-up	PPOINTMENT Paid by Patient a \$250.00 \$150.00 \$225.00	t Initial Visit	
Option 1: CONSULTATION PLAN: FULL COST PAY AT EACH A Initial Visit Test Results & Plan of Care Two-week Follow-up Individualized Food Education Session	PPOINTMENT Paid by Patient a \$250.00 \$150.00 \$225.00	t Initial Visit	
Option 1: CONSULTATION PLAN: FULL COST PAY AT EACH A Initial Visit Test Results & Plan of Care Two-week Follow-up Individualized Food Education Session Consultation Plan Follow-ups (6) @ \$350.00 ea.	PPOINTMENT Paid by Patient a \$250.00 \$150.00 \$225.00 \$2100.00	t Initial Visit	
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PLEASE NOTE THAT THESE ARE **EXAMPLE PLANS. PRICES MAY FLUCTUATE DEPENDING ON INDIVIDUAL NEEDS.