

NC COMPREHENSIVE HEADACHE CLINIC – EXAM AND PROCEDURE FEES

NAME _____

PROCEDURE CODE

*** ESTABLISHED PATIENT PHONE CONSULT	\$150.00	99214, 99215
*** ESTABLISHED PATIENT OFFICE VISIT – EXAM	\$150.00	99214, 99215
*** COMPREHENSIVE IN - OFFICE VISIT (New Patient or established patient w/nerve blocks)	\$375.00	99205, 99215, 64400, 64405, 20553
*** COMPREHENSIVE IN – OFFICE VISIT W/ BOTOX ADMIN	\$500.00	99215, 64400, 64405,20553 & 64615
**** ADDITIONAL FEES:		
**** ¼ VIAL MYOBLOC MEDICATION COST (625 UNITS)	\$175.00	J0587
**** MYOBLOC FULL VIAL MEDICATION COST (2500 UNITS)	\$350.00	J0587
**** BOTOX 100 UNITS MEDICATION COST	\$650.00	J0585

PATIENT'S SIGNATURE

DATE

Office Personnel Signature

Date