



# DEMOGRAPHICS and PERMISSION

Orville R. Weyrich, Jr, PhD, NMD, BCN, ABAAHP

## 4 Health and Wellness

Patient Legal Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Patient Nick Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mailing Address Street: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

We may contact you on occasion to discuss confidential protected health information. Below is a list of ways for us to communicate with you. Please check how you would like us to get this information to you. E-mail or texting are sometimes convenient but e-mail or text delivery is not always reliable and privacy cannot be assured. Please indicate any restrictions, e.g. **“only leave name and callback number,” “do not speak to family member,” “ok to leave detailed message”, “only reply to my messages”, “ok to initiate a detailed message”, “general announcements only”, etc.**

- Phone #1 Home Cell Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Restrictions: \_\_\_\_\_
- Phone #2 Home Cell Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Restrictions: \_\_\_\_\_
- Phone #3 Home Cell Work (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Restrictions: \_\_\_\_\_
- E-mail \_\_\_\_\_ Restrictions: \_\_\_\_\_
- Text (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Restrictions: \_\_\_\_\_

We are serious about protecting your privacy. Please give permission **only** to the following individuals listed below to receive you protected health information; **Please circle names of emergency contacts.**

- Name/relationship \_\_\_\_\_ Contact Info: \_\_\_\_\_ Restrictions: \_\_\_\_\_
- Name/relationship \_\_\_\_\_ Contact Info: \_\_\_\_\_ Restrictions: \_\_\_\_\_
- Name/relationship \_\_\_\_\_ Contact Info: \_\_\_\_\_ Restrictions: \_\_\_\_\_

I DO  I DO NOT have a **Living Will/Health Care Power of Attorney** (circle) on file with Dr. Weyrich/ 4 Health and Wellness.

Preferred Pharmacy: \_\_\_\_\_ (Dr. Weyrich prefers Walgreen’s) Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

I understand that Dr. Weyrich does not participate in any insurance plan and requires payment by cash, check, credit card, or PayPal at the time of service. I understand that I may be responsible for payment for any labs ordered by Dr. Weyrich. In some cases, a patient can submit Superbills from Dr. Weyrich to private insurance for partial reimbursement, but Dr. Weyrich makes no guarantees. Other providers at 4 Health and Wellness may have better insurance coverage. Please check all that apply:

- I am self-pay (cash, check, credit card)
- I am eligible for Medicare so Dr. Weyrich must have me sign certain paperwork acknowledging that he cannot bill Medicare.
- I have a PPO Medical Insurance Plan so I may be able to submit invoices from Dr. Weyrich for partial reimbursement, but Dr. Weyrich / 4 Health and Wellness can make no guarantee.
- I have a Medical Savings Account so I may be able to submit invoices from Dr. Weyrich for partial reimbursement, but Dr. Weyrich / 4 Health and Wellness can make no guarantee.

I am a former patient of Dr. Gear/Payson Heath and Wellness; please transfer any/all chart information from Dr. Gear/Payson Heath and Wellness or Comprehensive Health Services to Dr. Weyrich/4 Health and Wellness

I understand that Dr. Weyrich / 4 Health and Wellness follows HIPAA privacy guidelines and will only disclose protected healthcare information to third parties as authorized in writing by me or as required by law.

This authorization/agreement supersedes all previous information provided to Dr. Weyrich, and can be revoked or modified by written notification IN WRITING at any time.

Patient’s Signature \_\_\_\_\_ Date \_\_\_\_\_



# NEW PATIENT PHYSICAL MEDICINE INTAKE FORM

Orville R. Weyrich, Jr, PhD, NMD, BCN, ABAHP

4 Health and Wellness

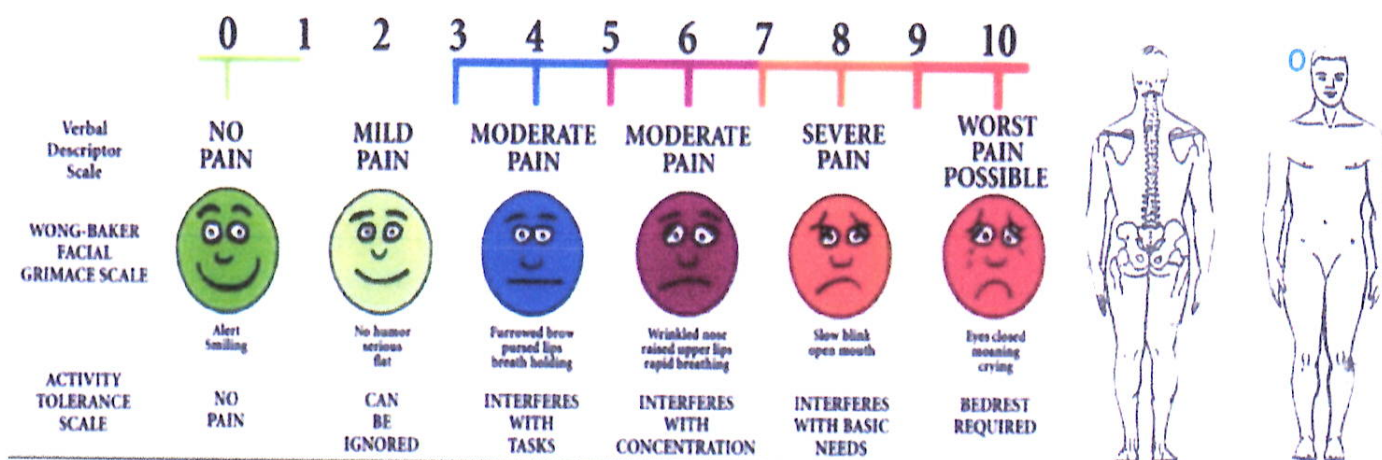
Patient Name: \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Please list your chief PHYSICAL symptoms and complaints (e.g. pain, stiffness, numbness, tingling) in order of decreasing severity on the following pages, starting with the worst one.

Also write the problem **number** on the picture to the right of the pain scale below to show the location of the pain.

Please note the approximate date you first became aware of the problem in the "Onset" column.

Use the following 0 to 10 pain scale to rate the severity of this problem to you.



PLEASE FILL OUT A SEPARATE SECTION for each complaint, for example:

1. Low back pain
2. Neck pain
3. Etc.

Attach additional pages as necessary

Symptom/Complaint (where)	Onset	Frequency	Severity
0. e.g. Headache (right forehead)	June 2007	4 times per week	Severe = 10/10
1.			

Is there anything that provokes or makes this complaint worse (e.g. standing, lifting, certain time of day, etc)?

Is there anything that makes this complaint better (e.g. ice, certain time of day, etc)?

What is the quality or character of the pain or symptom (sharp, ache, throbbing, etc)?

Is your complaint constant or does it come and go?

How did it develop (e.g. auto accident, fell, suddenly, slowly, etc)?

Have you been given a diagnosis or explanation (e.g. spinal stenosis, rotator cuff injury, etc)?

What treatments have you tried for this condition, how did that work out?

Has this problem been getting worse, or staying the same?

How does this complaint interfere with what you want or have to do?



Patient Name: \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_\_\_ Page 3

Symptom/Complaint (where)	Onset	Frequency	Severity
2.			

Is there anything that provokes or makes this complaint worse (e.g. standing, lifting, certain time of day, etc)?

Is there anything that makes this complaint better (e.g. ice, certain time of day, etc)?

What is the quality or character of the pain or symptom (sharp, ache, throbbing, etc)?

Is your complaint constant or does it come and go?

How did it develop (e.g. auto accident, fell, suddenly, slowly, etc)?

Have you been given a diagnosis or explanation (e.g. spinal stenosis, rotator cuff injury, etc)?

What treatments have you tried for this condition, how did that work out?

Has this problem been getting worse, or staying the same?

How does this complaint interfere with what you want or have to do?

3.			
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Is there anything that provokes or makes this complaint worse (e.g. standing, lifting, certain time of day, etc)?

Is there anything that makes this complaint better (e.g. ice, certain time of day, etc)?

What is the quality or character of the pain or symptom (sharp, ache, throbbing, etc)?

Is your complaint constant or does it come and go?

How did it develop (e.g. auto accident, fell, suddenly, slowly, etc)?

Have you been given a diagnosis or explanation (e.g. spinal stenosis, rotator cuff injury, etc)?

What treatments have you tried for this condition, how did that work out?

Has this problem been getting worse, or staying the same?

How does this complaint interfere with what you want or have to do?

**Patient Name:** \_\_\_\_\_ **Date of birth** \_\_\_/\_\_\_/\_\_\_ **Today's Date** \_\_\_/\_\_\_/\_\_\_ **Page 5**

Do you have any OTHER chronic health problems or other diagnosis?  No  Yes. (Please list and give date when each was diagnosed) \_\_\_\_\_

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Please list name and contact information for all Current (or your most recent) health care provider(s)

Name of Provider	Specialty (e.g. primary, endocrine, acupuncture, Naturopathic MD, etc)	Phone	Fax	Approximate date last office visit

Do you have any implants (e.g. pacemaker, breast, screws, etc) or organ transplants?  No  Yes. If "yes", please specify:

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Surgical, trauma, and past medical history (Approximate date, operations/reason, Auto accident, fell off horse, workplace accident, etc). Especially include any/all auto accidents, falls, etc that might have caused your symptoms or complaints:

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Do you have a history of being abused or assaulted?  No  Yes. (describe what/when if you wish) \_\_\_\_\_

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Current living situation (own home, rent apartment, etc) \_\_\_\_\_

Current Occupation \_\_\_\_\_

Prior occupations \_\_\_\_\_

Do you enjoy your work?  No  Yes. If no, why not? \_\_\_\_\_

Hobbies (past, present) \_\_\_\_\_

How do you spend most of your time? \_\_\_\_\_

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Patient Name: \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_ Page 6

How would you describe your current emotional state? \_\_\_\_\_

Have you ever smoked or used tobacco?  No  Yes. If yes, number of years \_\_\_\_\_ Packs per day ? \_\_\_\_\_

Have you quit?  No  Yes. If yes, when and how did you quit? \_\_\_\_\_

Do you drink alcohol?  No  Yes. If yes, # of drinks per week \_\_\_\_\_ type: \_\_\_\_\_

Do you use marijuana?  No  Yes. If yes, why? \_\_\_\_\_

Have your medications or supplements ever caused you unusual side effects or problems?  No  Yes. If yes, please describe:

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**MEDICATION and SUPPLEMENT LOG**

Please indicate the type of prescription medications, over-the-counter medications, and dietary supplements you have taken in the past month. Indicate who prescribed/recommended each (may be "self").

Medication/Supplement Name	Who prescribed	Dosage each	# Per Day	Reason for Use (Purpose)



**Have you *recently* (please check all that apply):**

- Had a sudden or unexpected increase in any symptom?
- Had a fall, motor vehicle accident, or other trauma?
- Been hospitalized, had surgery, or visited the emergency department/urgent care?
- Been diagnosed with any new medical condition?
- Changed medications, nutritional supplements, or other therapies?
- Had increased pain, numbness, tingling, weakness, or altered sensation in any body part?
- Experienced an unusually painful headache?
- Had an increase in dizziness, vertigo, or loss of balance?
- Experienced a loss of consciousness, seizure, or altered mental status?
- Noticed an increase in swelling of hands, ankles, feet, or lymph nodes?
- Noticed a reduction in mental acuity?
- Had an animal, insect, or spider bite causing swelling or persistent pain?
- Coughed up or vomited blood?
- Had bloody urine, painful urination, incontinence, or changes in character of urine?
- Experienced a change in bowel habits, anal incontinence, or changes in character of stool?
- Noticed numbness in the groin or anal regions?
- Noticed nipple retraction or discharge, breast lumps or dimples, or had unexpected vaginal bleeding?
- Noticed an increase in shortness of breath, blue lips, or nail-beds?
- Had an increase of cough or throat pain?
- Had a change in vision, double vision, or eye pain?
- Had a fever, chills, or increase in night sweats?
- Had a change in hearing, drainage of fluids from ear, ringing in the ear, or ear pain?
- Been diagnosed with any bone disease?
- Experienced increase of abdominal pain?
- Experienced unexpected weight loss or gain?
- Experienced chest pain?
- Experienced facial pain or unusual sinus drainage?
- Experienced leg or thigh pain that is worse on exertion (walking, standing, etc)?
- Experienced swelling or itching of lips following insect sting, food, herb, supplement, or drug?
- Experienced a change in sexual function?
- Experienced sudden, severe anxiety, smothering sensation, and chest pain?
- Felt pessimistic, hopeless, and helpless?
- Ever been diagnosed or thought you had cancer?
- Had pain that is worse at night lying in bed?
- Ever used IV street drugs?
- Ever been treated with immune suppressing drugs?
- Do you have any "hardware" in your body (pace maker, screws, etc)?
- Are you pregnant?
- None of the above

Patient signature: \_\_\_\_\_ Date \_\_\_\_\_





# Consent to Treat

Orville R. Weyrich, Jr, PhD, NMD, BCN, ABAAHP

## 4 Health and Wellness

Patient Name: \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

- I request treatment by Dr. Orville Weyrich, Jr., PhD NMD, a licensed Naturopathic Medical Doctor in the State of Arizona, by any appropriate method that is within his scope of practice, including (but not limited to) nutritional, botanical and pharmaceutical agents, manipulation, exercise, acupuncture, IV, IM, and SC injections, biofeedback, electrical modalities, cold laser, homeopathy, mind/body techniques, and minor surgery. I understand that the methods listed above may cause pain or superficial lesions such as bruising, and may require touching or other invasion of my personal space; that I have the right to request discontinuance of treatment at any time. I understand that while Dr. Weyrich's scope of practice overlaps with other health care professionals such as MD, DO, DC, PsyD, MSW, LAc, PT, and LMT, he does not possess any of these designations.
- Dr. Weyrich's education includes BA in Chemistry, Math, and Physics (triple major magna cum laude; Union College of Kentucky), AM in Chemistry (Duke University), PhD in physical organic chemistry (University of Tennessee, Knoxville), ABD in Computer Science and Engineering (Auburn University), Naturopathic Medical Doctor (Southwest College of Naturopathic Medicine, 2007), and additional graduate level studies in Math and Statistics (Grand Canyon University). He is Board Certified in Neurofeedback (BCN) by the Biofeedback Certification International Alliance, and a Board Certified Health Practitioner Diplomate in the Clinical Science of Anti-Aging by the American Board of Anti-Aging Health Practitioners (ABAAHP).
- Dr. Weyrich has earned an Epigenetic Level 1 Coaching Certification from Apeiron Academy and offers epigenetic coaching to patients as well epigenetic coaching clients.
- Dr. Weyrich has received training in Pain Medicine from the American Academy of Pain Medicine, but there is currently no board certification process for NMD. His license does not allow him to prescribe opiate narcotics, benzodiazepines, gabapentin, trazodone, Valium, or Soma. Therefore, Dr. Weyrich does not offer conventional pain-management services, but does offer various complementary and alternative modes of treatment (physical medicine, electro-magnetic therapies, biofeedback, neurofeedback, acupuncture, herbs, nutrition, etc) in coordination with your conventional doctors.
- Dr. Weyrich has received the standard training in Mind-Body medicine as part of his NMD degree, and provides limited counseling services. He has been trained as a "Lay Counselor" by Scottsdale Bible Church (AZ) and a "Crisis-line Counselor" by Contact Teleministries (TN), and has obtained additional training from Christian Leaders Institute. He has no professional counseling certification beyond his basic NMD degree. Prayer is available at no cost upon request.
- Generally speaking, insurance will pay for drug prescriptions written by Dr. Weyrich, but may impose limits, require co-pay, restrict prescriptions to drugs listed on their list of approved drugs (formulary), or require submission of chart notes. Insurance companies rarely pay for compounded medications such as low dose naltrexone (LDN), bio-identical hormones, or drugs used "off-label."
- Most insurance (in particular all HMOs, AHCCCS, Medicare, Medicaid, Tri-Care, or other government-sponsored program) will NOT pay for office visits, treatments, lab tests or radiology exams ordered by Dr. Weyrich. You either have to pay out of pocket for these services when required, or request a doctor "in network" of your insurance company to order these. Dr. Weyrich will prepare a "coordination of care" letter to request such services from your in-network health care provider upon request as a paid service, but there is no guarantee that the HCP will sign-off on the requests.

404 W Main St, Ste A, Payson AZ 85541

Phone (888)-391-0414 or (928) 474-7409 or (480) 766-6007

Fax (888) 391-0414; Text (480) 766-6007

Web: DrWeyrich.com \*\*\* e-mail Orville@Weyrich.com

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- Dr. Weyrich does NOT participate in any insurance program. Some private insurance plans will reimburse the patient for "out of network services" provided by Dr. Weyrich, but it is the patient's responsibility for submitting statements for reimbursement. No representation is made that third parties will reimburse all or part of services/products billed or that coding complies with third-party regulations. All amounts billed remain the responsibility of the patient.
- Payment of all new charges are expected at time of service. Prescriptions will be withheld by the front office until scheduled payments are made. Dr. Weyrich does not accept deferred payment for personal injury cases.
- Due to current inflationary trends in the economy, prices are subject to change. Multi-session discounts may be available, which will lock in the price for the sessions purchased in advance.
- Phone consultations for coaching clients are billed via PayPal. There is no cost to schedule an appointment.
- I understand that Dr. Weyrich follows HIPAA privacy guidelines and will only disclose protected healthcare information to third parties as authorized by a records release form signed by the patient, or as required by law. Records pertaining to private-paid services will not be released to insurance companies without a records release form signed by the patient, but in order to obtain certain services from insurance companies (e.g. prior authorization), Dr. Weyrich may be required to allow disclosure.
- This constitutes disclosure of Dr. Weyrich's HIPAA policy and the patient acknowledges that he/she has been given a copy thereof.
- Due to legal constraints, Dr. Weyrich does not guarantee response to text or voice messages to his cell phone. For reliable communications, please leave a message on his answering service, (888) 391-0414.
- Due to legal constraints, all patients being treated by Dr. Weyrich must have a designated primary care physician (PCP), and Dr. Weyrich must coordinate care with that PCP (exchange SOAP notes and discuss treatment). If the patient has no other PCP, then Dr. Weyrich legally must assume the role of PCP and provide full standard of care (which includes general health screening and treatment, or appropriate referral), at additional cost to the patient. Dr. Weyrich may decline service if in his opinion he cannot meet this legal requirement.
- In order to access many insurance services, your PCP acts as the "gate-keeper." Since Dr. Weyrich is not recognized by most insurance companies (especially HMOs, AHCCCS, Medicare, Medicaid, Tri-Care, or other government-sponsored programs), Dr. Weyrich may not be able to function effectively as your PCP.
- Dr. Weyrich aims to provide treatment that maximizes a patient's ability to engage in the activities of daily living (and participate in the workplace). This usually does not mean that pain is completely eliminated, since higher doses may interfere with proper mentation and reflexes for safely engaging in these activities. Dr. Weyrich expects that patients will actively engage in such exercises, nutritional programs, and other treatments as Dr. Weyrich deems to be appropriate, and that patients will not simply rely on drugs for their treatment.
- Dr. Weyrich expects that patients will follow directions given for use of medications, patients will not take any medications not approved by Dr. Weyrich, and patients will not in any way sell/give/loan/etc their medications to other persons. Patient agrees to keep Dr. Weyrich informed of any medications or supplements or changes thereof prescribed by other health care providers or self-prescribed. Dr. Weyrich will NOT replace lost drugs. Patients are responsible for securing their medications from theft and misuse by others, including children in the household.
- Failure to follow these principles can result in a patient being IMMEDIATELY dismissed from Dr. Weyrich's practice or Dr. Weyrich refusing to prescribe additional medications to the patient.

Understood and agreed by patient:

Print name: \_\_\_\_\_

Sign name: \_\_\_\_\_ Today's date: \_\_\_\_\_





# Informed Consent to Physical Treatment (Addendum to Consent to Treat)

Orville R. Weyrich, Jr, PhD, NMD, BCN, ABAAHP

## 4 Health and Wellness

Patient Name: \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

You are the decision maker for your health care. Part of Dr. Weyrich's and his assistants' (henceforth "we") role is to provide you with information to assist you in making informed choices. This process is often referred to as "informed consent" and involves your understanding and agreement regarding the care we recommend, the benefits and risks associated with the care, alternatives, and the potential effect on your health if you choose not to receive the care.

Naturopathic physical treatment is similar to what is known as a chiropractic adjustment, but since Dr. Weyrich is licensed to perform these treatments as a Naturopathic Physician rather than as a Chiropractor, he does not refer to his services as being chiropractic.

We may conduct some diagnostic or examination procedures if indicated. Any examinations or tests conducted will be carefully performed but may be uncomfortable.

There may be additional supportive procedures or recommendations as well. When providing an adjustment, we use our hands or an instrument to reposition anatomical structures, such as vertebrae or soft tissue. Potential benefits of an adjustment include restoring normal joint motion, reducing swelling and inflammation in a joint, reducing pain in the joint, and improving neurological functioning and overall well-being.

It is important that you understand, as with all health care approaches, results are not guaranteed, and there is no promise to cure. As with all types of health care interventions, there are some risks to care, including, but not limited to: muscle spasms, aggravating and/or temporary increase in symptoms, lack of improvement of symptoms, burns and/or scarring from electrical stimulation and from hot or cold therapies, including but not limited to hot packs and ice, fractures (broken bones), disc injuries, strokes, dislocations, strains, and sprains.

Soreness may occur following treatment, and is generally a favorable sign that a beneficial change has been effected and that your body must adjust to the change in structure. Generally, applying an ice pack to the sore region is beneficial.

On the other hand, increased pain may not be a favorable sign, and should be reported to Dr. Weyrich immediately.

With respect to strokes, there is a rare but serious condition known as an "arterial dissection" that typically is caused by a tear in the inner layer of the artery that may cause the development of a thrombus (clot) with the potential to lead to a stroke. The best available scientific evidence supports the understanding that naturopathic adjustment does not cause a dissection in a normal, healthy artery. Disease processes, genetic disorders, medications, and vessel abnormalities may cause an artery to be more susceptible to dissection. Strokes caused by arterial dissections have been associated with over 72 everyday activities such as sneezing, driving, and playing tennis.

Arterial dissections occur in 3-4 of every 100,000 people whether they are receiving health care or not. Patients who experience this condition often, but not always, present to their doctor with neck pain and headache. Unfortunately, a percentage of these patients will experience a stroke.

The reported association between naturopathic physical treatments and stroke is exceedingly rare, and is estimated to be associated with one to two million cervical adjustments. For comparison, the incidence of hospital admission attributed to aspirin use from major GI events of the entire (upper and lower) GI tract was 1219 events per one million persons/year and risk of death has been estimated as 104 per one million users.

It is also important that you understand there are treatment options available for your condition other than naturopathic physical procedures. Likely, you have tried many of these approaches already. These options may include, but are not limited to: self-administered care, over-the-counter pain relievers, physical measures and rest, medical care with prescription drugs, physical therapy, bracing, injections, and surgery. Lastly, you have the right to a second opinion and to secure other opinions about your circumstances and health care as you see fit.



I have read, or have had read to me, the above consent. I appreciate that it is not possible to consider every possible complication to care. I have also had an opportunity to ask questions about its content, and by signing below, I agree with the current or future recommendation to receive naturopathic physical care as is deemed appropriate for my circumstance. I intend this consent to cover the entire course of care from all providers in this office for my present condition and for any future condition(s) for which I seek naturopathic physical care from this office.

Understood and agreed by patient:

Print name: \_\_\_\_\_

Sign name: \_\_\_\_\_ Today's date: \_\_\_\_\_

### Optional Waiver

This is to acknowledge that: Dr. Orville R. Weyrich, Jr. PhD NMD, has recommended that treatment not be given until a complete study and analysis may be made of my present problem or illness, possibly including X-rays and other diagnostic procedures.

I do not feel that my present problem or illness is serious enough to warrant the complete study and analysis recommended by Dr. Weyrich. Therefore, I hereby authorized and direct Dr. Weyrich and his assistants to treat my present problem or illness to the best of their ability without making a complete study and analysis of my present problem or illness.

Should untoward effects or any further illness or injury develop, indirectly or directly, as a result of such treatment, I shall assume full responsibility. In consideration of receiving treatment at my request without benefit of a complete study and analysis, I do hereby release Dr. Weyrich and his assistants from all causes of action, damages, and liabilities arising by reason of said treatment, whether heretofore or hereafter occurring, and whether now known or unknown by the parties hereto.

Understood and agreed by patient:

Print name: \_\_\_\_\_

Sign name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_



# Dr. Weyrich Fees

Effective 1/1/2023

(Subject to change)

Orville R. Weyrich, Jr, PhD, NMD, BCN, ABAAHP

## 4 Health and Wellness

### Physical Therapies:

Naturopathic spinal manipulation [adjustment] (97140, 30 min) . . .	\$40
McManus spinal traction [Manipulative surgery] (97140, 30 min) . . .	\$65
Ultrasound (97035, 15 min) . . . . .	\$35
Massage/G5 (97124, 15 min) . . . . .	\$35
Diathermy (97024, 15 min) . . . . .	\$30
Mechanical intermittent traction (97012, 15 min) . . . . .	\$30
Far IR Sauna (97026, 15 min) . . . . .	\$30
Neurostim/SCENAR (97032, 15 min) . . . . .	\$35
Therapeutic exercise (97110, 15 min) . . . . .	\$35
Neuromuscular rehab (97112, 15 min) . . . . .	\$35
Therapeutic activities (97530, 15 min) . . . . .	\$35
Acupuncture (97810 +97811 15 min) . . . . .	\$35
Acupuncture + estim (97812 +97813 15 min) . . . . .	\$35
Biofeedback (90901 30 min) . . . . .	\$65

### Evaluation and Management (Office Visit):

New patient, physical medicine (99202, 20 min) . . . . .	\$35
New patient, internal medicine (99202, 20 min) . . . . .	\$78
New patient, internal medicine (99203, 30 min) . . . . .	\$110
New patient, internal medicine (99204, 45 min) . . . . .	\$170
New patient, internal medicine (99205, 60 min) . . . . .	\$210
Prescription refill by phone (99211, 5 min) . . . . .	\$23
Established patient (99211, 5 min) . . . . .	\$23
Established patient (99212, 10 min) . . . . .	\$45
Established patient (99213, 15 min) . . . . .	\$75
Established patient (99214, 25 min) . . . . .	\$110
Established patient (99215, 40 min) . . . . .	\$150
Established patient, prolonged (first 30 min more than 99205 or 99215, +99354) . .	\$50
Established patient, prolonged (each additional 30 min more than 99354, +99355) .	\$50

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