



Thank you for your interest in medical treatment at the Pfeiffer Treatment Center. We are a 501(c)(3) not-for-profit clinic committed to providing the best in nutrient management of biochemical and trace metal disorders. Since **we do not participate** in any health insurances, health insurance networks, Medicaid, Medicare, state or county medical assistance programs, we cannot accept assignment for insurance. Patients submit a copy of their itemized bill of services rendered at their appointment to their individual insurance carrier for reimbursement of covered services. The following may assist you when speaking with your insurance company about coverage. As we do not accept insurance, **payment in full is due at time of service.**

Illinois Providers

Allen Lewis, M.D. Illinois License: 036-109880 Cheryl Giles, M.D. Illinois License: 036-120514
 Judith Rossbach, PA-C Illinois License: 085-002280
 Facility Tax I.D. # 36-3251067

Minnesota Provider

Cathy Morud, CNP Minnesota License: R116892-5, CNP 81229
 Facility Tax I.D. # 36-3251067
Satellite fee: \$50

Charges

The following are charges for the most common services and laboratory testing that may be performed at an initial and a follow-up visit. **This information is for insurance predetermination purposes only**; actual charges are based on the services provided and the laboratory testing ordered at the time of service. This is determined by medical necessity.

Initial Visit:

99205	Office Visit w/ High Medical Decision Making	\$335.00, and
99354	Prolonged Professional Service, face-to-face	\$240.00, or
99358	Prolonged Professional Service, non face-to-face	\$240.00

Initial Labs (additional testing may be necessary depending on your initial visit assessment):

80053	Comp. Metabolic	\$28.00	83655	Lead	\$57.00 (under 12 years old)
82525	Copper	\$50.00	84443	TSH	\$32.00
82390	Ceruloplasmin	\$42.00	84439	T4	\$29.00
84630	Zinc	\$48.00	83090	Homocysteine	\$60.00 (30 years and older)
84120	Kryptopyrole	\$65.00	85025	CBC w/ auto diff	\$31.00
83088	Histamine	\$56.00	82306	Hydroxycalciferol	\$50.00
82728	Ferritin	\$29.00	82379	Carnitine, total & free	\$50.00 (only certain patients)

In-House Follow-up Visit (additional testing may be necessary based on previous or current findings):

99215	Comprehensive Office Visit	\$230.00, and
99354	Prolonged Professional Service, face-to-face	\$240.00, or
99358	Prolonged Professional Service, non face-to-face	\$240.00

In-House Follow-up Labs: as above without Lead, TSH, and T4, unless medically indicated.

Other charges (these are charged in addition to office visit and lab charges when appropriate):

99056	Outreach Fee	\$245 (starting 9/1/8)
99056	Satellite Fee	\$50
99499	Program Management Fee	\$125

If you need assistance, please contact a member of our Guest Care team at 630.505.0300 or 866.504.6076. Thank you!