## ESTIMATED HEALTH SERVICE COSTS AFTER IN-NETWORK DISCOUNTS

PRIMARY CARE PRACTIC	ES
ffice/outpatient visit est	\$25-\$125
Office/outpatient visit new	\$35-\$250
SPECIALISTS	
Office/outpatient visit new	\$30-\$200
Office/outpatient visit new	\$50-\$250
CHIROPRACTIC	
Office/outpatient visit est	\$20-\$60
Office/outpatient visit new	\$45-\$90
Chiropractic manipulation	\$18-\$53
Electrical stimulation	\$10-\$22
LLERGY AND IMMUNOL	LOGY
ffice/outpatient visit est	\$45-\$90
Office/outpatient visit new	\$75-\$155
mmunotherapy injections	\$10-\$20
mmunotherapy one injection	\$10-\$14
OPHTHALMOLOGY	
Office/outpatient visit est	\$30-\$110
Office/outpatient visit new	\$55-\$200
Eye exam & treatment	\$39-\$139
PSYCHIATRY	
Medication management	\$40-\$90
Office visit 45-50 min	\$65-\$115

\$5-\$17

\$5-\$17

\$6-\$30

\$25-\$67

\$25-\$250

\$15-\$40

\$2-\$4

\$15-\$40

\$25-\$200

\$2-\$8

\$35-\$75

\$120-\$190

\$100-\$225

\$100-\$400

\$5-\$40

\$35-\$94

\$50-\$104

\$25-\$60

\$10-\$50

\$45-\$105