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FEE SCHEDULE

OFFICE VISITS: NEW PATIENT

New patient/child/adult (1.5-2 hours)	\$325-400
New patient/child/adult (1-1.5 hours)	\$225-325
New patient - each additional 10 min.	\$35
New patient - GYN only	\$250
New patient - acute (30-40 min)	\$125-175

Cash patients 20% discount

OFFICE VISITS: RETURN

Return visit (30-50 min)	\$125-185
Each additional 10 min	\$35
Manipulation with PT	\$75-125
PAP/Physical exam	\$175-250
Phone consult (10-30 min)	\$35-95
Misses appointment/late cancel (less than 24 hours)	\$85
Insufficient funds check fee	\$40
Billing fee	\$10 per statement

Sign _____ Date _____

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