

# 2026 VISIT FEE SCHEDULE

EFFECTIVE 1/1/2026

AVAILABLE FOR ALL SCHREIBER PARTNERS AND ELIGIBLE DEPENDANTS

COVERAGE	MEDICAL/PT PREVENTATIVE	MEDICAL/PT NON PREVENTATIVE	MENTAL HEALTH (after 8 free visits)	LAB FEES* (Non Prev)
HDHP (UMR)	\$0	\$40	\$60/\$120	\$10+
SUREST	\$0	\$20	\$20	\$10+
NON INSURED	\$40	\$40	\$60/\$120	\$10+

## MEDICAL SERVICES

- **Preventative Services**
  - Annual Wellness Exam
  - Weight Loss Consult
  - Recommended Immunizations
  - Chronic Condition Screening
  - Birth Control Consult
  - Contraceptive Placement
  - Select Cancer Screening
  - HIV/STD Screening
- **NON Preventative Services**
  - Sick Visits
  - Injury Care
  - Procedures
  - Chronic Condition Management
  - HIV/STD Treatment

## PHYSICAL THERAPY SERVICES

- **Preventative Services**
  - Ice
  - Heat
  - Massage
  - Stretches/Exercise
  - Patient Education/Self Care
  - Early Intervention Program
- **NON Preventative Services**  
(COPAY INCLUDES COMPLIMENTARY FOLLOW UP)
  - Therapeutic Exercise
  - Ultrasound
  - Electrical Stim
  - Traction
  - Dry Needling
  - Joint Mobilization

### \*LAB FEES

- Preventative Labs (Annual Wellness, Age-appropriate screenings): **\$0**
- TIER 1 & TIER 2 Diagnostic Labs: **\$10**
- TIER 3 Diagnostic Labs: **\$10 + 25% of lab cost**
- TIER 4 Diagnostic Labs: **\$10 + 35% of lab cost**