

DR. JIM CHAN, ND
 3331 No. 3 Road, Richmond, B.C. V6X 2B6
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Fee Schedule

(Please read and sign to acknowledge fees and terms)

Consultation Fee:

Initial Visit \$85.00 Subsequent Visit \$50.00 Short Visit \$15.00 Oncology Consultation \$250.00

Testing Procedures:

Somatid Analysis – Initial	\$ 36.75
Subsequent	\$ 21.00
EAV (Vega Testing) Measurement of Meridian Energy	\$ 26.75
FEV (Spirometry).	\$ 10.50
Urinalysis.	\$ 5.25
EKG (Electrocardiogram)	\$ 26.25
Hair Analysis	\$ 84.00
Computerized Weight Management/Diet Plan	\$ 75.00
Computerized Response Thermography	\$ 80.00
Bone Density	\$ 52.50
MSA (Meridian Stress Assessment)	\$185.00

Blood Tests:

Tumor Marker Panel I (CEA, CA19.9 & AFP)	\$115.50
Tumor Marker Panel II (CEA, CA19.9, AFP, CA125 & CA15.3)	\$175.00
CEA (Carcinoembryonic Antigen)	\$ 57.75
CA19.9 (Cancer Antigen)	\$ 41.00
AFP (Alpha-Fetoprotein)	\$ 41.00
CA125 (Cancer Antigen).	\$ 41.00
CA15.3 (Cancer Antigen).	\$ 41.00
Total PSA (Prostate Specific Antigen)	\$ 41.00
Free PSA (Prostate Specific Antigen)	\$ 60.00
TSH (Thyroid).	\$ 41.00
FSH (Folicle Stimulating Hormone)	\$ 60.00
Estradiol	\$ 60.00
Ferritin	\$ 60.00
B12	\$ 60.00
GHb (Glycated Hemoglobin)	\$ 55.00
Folate	\$ 60.00
Total IgE (Allergy Immunoglobulin Type E)	\$ 60.00
AMAS (Antimalignin Antibody in Serum)	\$315.00
CIA (Chemiluminescence Analysis)	\$ 52.50
QBC (Complete Blood Count)	\$ 26.75
ESR (Erythrocyte Sedimentation Rate)	\$ 11.00
Blood Chemistry (each)	\$ 11.00
X-ray	\$ 31.50
BTA (Biological Terrain Assessment) – Initial	\$ 78.75
Subsequent	\$ 42.00
NES – Initial	\$ 75.00
Subsequent	\$ 50.00

Treatments:

Acupuncture	\$ 60.00
Ozone Therapy (rectal)	\$ 36.75
Intravenous Hydrogen Peroxide - starting at	\$ 80.00
Chelation - starting at	\$135.00
Intravenous Therapy - starting at	\$131.25
Photophoresis - starting at	\$130.00
Syncardon (Passive Cardiac Conditioning)	\$ 15.75
Colonic	\$ 78.75
IV – homeopathic injectible (each)	\$ 17.33
IV – ATP	\$ 26.75
IV – Hyal	\$ 52.50
IV-Ozone	\$ 78.75

*** All fees are subject to change without notice.
***Please consult front desk staff for any fees not listed above.

Only unopened supplements are refundable when accompanied by invoice within 15 days.

We must receive 24 hours notice to cancel or reschedule an appointment or you will be charged \$25. All missed appointments will result in a \$25 charge to your account.

I have read the fee schedule and understand that I am personally responsible for the charges incurred for services rendered.

Signed: _____

Date: _____

Credit Card Number: _____

Expiry Date: _____