RADIOLOGY		
CPT Code and Description	Charge	Self Pay
74177: CT ABDOMEN AND PELVIS; WITH CONTRAST	$ 2,560.00	$ 1,536.00
70450: CT BRAIN WITHOUT CONTRAST	$ 1,456.00	$ 874.00
73110: WRIST, COMP MIN 3 VIEW (XRAY)	$ 240.00	$ 144.00
73562: KNEE, 3 VIEW (XRAY)	$ 240.00	$ 144.00
71046: CHEST, PA & LATERAL (XRAY)	$ 220.00	$ 132.00
73030: SHOULDER, COMP MIN 2VIEW (XRAY)	$ 220.00	$ 132.00

LAB		
CPT Code and Description	Charge	Self Pay
36415: VENIPUNCTURE	$ 30.00	$ 18.00
80048: BASIC METABOLIC PANEL	$ 116.00	$ 70.00
87880: STREP TEST	$ 36.00	$ 22.00
81002: URINE DIP, NON-AUTO, W/O SCOPE	$ 30.00	$ 18.00
87804: INFLUENZA	$ 79.00	$ 47.00
81025: PREGNANCY TEST- URINE	$ 60.00	$ 36.00
84484: TROPONIN, QUANT	$ 145.00	$ 87.00
85025: CBC	$ 76.00	$ 46.00

ER PROFESSIONAL FEES		
CPT Code and Description	Charge	Self Pay
99281: ER PRO FEE LEVEL 1	$ 124.00	$ 74.00
99282: ER PRO FEE LEVEL 2	$ 168.00	$ 101.00
99283: ER PRO FEE LEVEL 3	$ 285.00	$ 171.00
99284: ER PRO FEE LEVEL 4	$ 485.00	$ 291.00
99285: ER PRO FEE LEVEL 5	$ 702.00	$ 421.00

ER FACILITY FEES		
CPT Code and Description	Charge	Self Pay
99281: FAC: ER FACILITY LEVEL 1	$ 124.00	$ 74.00
99282: FAC: ER FACILITY LEVEL 2	$ 168.00	$ 101.00
99283: FAC: ER FACILITY LEVEL 3	$ 285.00	$ 171.00
99284: FAC: ER FACILITY LEVEL 4	$ 485.00	$ 291.00
99285: FAC: ER FACILITY LEVEL 5	$ 702.00	$ 421.00

INJECTIONS/PROCEDURES		
CPT Code and Description	Charge	Self Pay
J2405: ZOFRAN/ONDANSETRON 1 MG/2ML INJ	$ 20.00	$ 12.00
J7040: NORMAL SALINE 500CC IV	$ 42.00	$ 25.00
90471: IMMUNIZATION ADMIN; 1 VACCINE	$ 64.00	$ 38.00
90715: ADACEL; TDAP; 7 YEARS OR OLDER, IM	$ 118.00	$ 71.00
93005: ELECTROCARDIOGRAM, TRACING	$ 12.80	$ 8.00
93010: ELECTROCARDIOGRAM REPORT	$ 15.70	$ 9.00
96360: *IV INFUS, HYDR, INIT TO 1 HR	$ 350.00	$ 210.00
96361: *IV INFUS, HYDR, BEYOND 1ST HR	$ 120.00	$ 72.00
96374: *INJECTION/IV PUSH, SINGLE OR INDV	$ 260.00	$ 156.00
98926: OSTEOPATHIC MANIP 3-4 BODY REGIONS	$ 149.00	$ 89.00
69210: CERUMEN IMPACTION REMOVAL REQUIRING INSTRUMENTATION	$ 157.00	$ 94.00

OFFICE VISITS		
CPT Code and Description	Charge	Self Pay
99202: OFFICE VISIT, NEW PT., LEVEL 2	$ 210.00	$ 126.00
99203: OFFICE VISIT, NEW PT., LEVEL 3	$ 222.58	$ 134.00
99204: OFFICE VISIT, NEW PT., LEVEL 4	$ 332.94	$ 200.00
99205: OFFICE VISIT, NEW PT., LEVEL 5	$ 439.22	$ 264.00
99211: OFFICE VISIT, NURSE VISIT	$ 47.02	$ 28.00
99212: OFFICE VISIT, EST PT., LEVEL 2	$ 113.04	$ 68.00
99213: OFFICE VISIT, EST PT., LEVEL 3	$ 182.08	$ 109.00
99214: OFFICE VISIT, EST PT., LEVEL 4	$ 255.84	$ 154.00
99215: OFFICE VISIT, EST PT., LEVEL 5	$ 358.68	$ 215.00

PREVENTATIVE CARE		
CPT Code and Description	Charge	Self Pay
99381: PREVENTIVE CARE NEW PT. AGE LESS THAN 1 YEAR	$ 450.00	$ 270.00
99382: PREVENTIVE CARE NEW PT. AGE 1-4	$ 275.00	$ 165.00
99383: PREVENTIVE CARE NEW PT. AGE 5-11	$ 270.00	$ 162.00
99384: PREVENTIVE CARE NEW PT. AGE 12-17	$ 265.00	$ 159.00
99385: PREVENTIVE CARE NEW PT. AGE 18-39	$ 375.00	$ 225.00
99386: PREVENTIVE CARE NEW PT. AGE 40-64	$ 475.00	$ 285.00
99387: PREVENTIVE CARE NEW PT. AGE 65 AND OVER	$ 550.00	$ 330.00
99391: PREVENTIVE CARE EST. PT. AGE LESS THAN 1 YEAR	$ 255.00	$ 153.00
99392: PREVENTIVE CARE EST. PT. AGE 1-4	$ 316.00	$ 190.00
99393: PREVENTIVE CARE EST. PT. AGE 5-11	$ 250.00	$ 150.00
99394: PREVENTATIVE CARE EST PT 12-17 YRS	$ 250.00	$ 150.00
99395: PREVENTIVE CARE EST PT. AGE 18-39	$ 275.00	$ 165.00
99396: PREVENTIVE CARE EST PT. AGE 40-64	$ 390.00	$ 234.00
99397: PREVENTIVE CARE EST PT. AGE 65 AND OVER	$ 410.00	$ 246.00