

***Note: The procedure prices included here are estimated prices only, and only for self-pay accounts.
Based on various clinical needs or your insurance, your price may vary.***

Rev Description	CPT	Description	Self Pay Charge
Lab General	85610	Prothrombin Time	\$ 30.00
Lab Chemistry	80053	Comprehensive Metabolic Panel	\$ 93.75
Lab Chemistry	80048	Basic Metabolic Panel	\$ 88.50
Lab Chemistry	80061	Lipid Panel	\$ 74.25
Lab Chemistry	84443	Thyroid stimulating hormone (TSH)	\$ 86.25
Lab Chemistry	83735	Magnesium	\$ 45.75
Lab Chemistry	84484	Troponin	\$ 105.00
Lab Chemistry	83036	Hemoglobin; glycosylated (A1C)	\$ 76.50
Lab Chemistry	83690	Lipase	\$ 65.25
Lab Chemistry	80076	Hepatic Function Panel	\$ 120.75
Lab Chemistry	84439	Thyroxine; free	\$ 92.25
Lab Chemistry	82550	Creatine kinase (CK), (CPK); total	\$ 51.75
Lab Chemistry	84100	Phosphorus	\$ 36.75
Lab Hematology	85025	Hemogram/Plt/5 Part Diff, Auto	\$ 51.75
Lab Hematology	85027	Hemogram without diff	\$ 51.75
Lab Bacteriology/Microbiology	87086	Urine Culture	\$ 65.25
Lab Bacteriology/Microbiology	87077	Aerobic Isolate	\$ 64.50
Lab Urology	81001	Urinalysis with Scope	\$ 57.00
Radiology	71046	Chest; Two Views	\$ 272.25
Radiology	71045	Chest; Single View	\$ 237.75
Physical Therapy	97110	Therapeutic Exercise 15Min	\$ 49.50
Emergency Room	99283	Emergency Room; Level III	\$ 921.00
Emergency Room	99284	Emergency Room; Level IV	\$ 1,425.75
Emergency Room	99285	Emergency Room; Level V	\$ 2,103.75
EKG/ECG	93005	EKG; Tracing	\$ 155.25

CPT	Description	Average Cost
20610	Aspiration and/or injection, major joint or bursa ; without ultrasound guidance	\$ 104.26
90471	Immunization Administration	\$ 37.20
92014	Eye Exam & Treatment	\$ 152.95
93000	Electrocardiogram, Complete	\$ 32.24
95117	Immunotherapy Injections	\$ 29.42
96110	Developmental Screening	\$ 18.57
96372	Therapeutic, prophylactic, or diagnostic injection	\$ 23.15
99202	Office/outpatient Visit, New Patient, low to moderate severity	\$ 126.47
99203	Office/outpatient Visit, New Patient, moderate severity	\$ 196.41
99212	Office/outpatient Visit, Established Patient, limited or minor	\$ 64.89
99213	Office/outpatient Visit, Established Patient, low to moderate severity	\$ 103.35
99214	Office/outpatient Visit, Established Patient, moderate to high severity, Appox. 25 minutes	\$ 132.84
99215	Office/outpatient Visit, Established Patient, moderate to high severity, Appox. 40 minutes	\$ 171.23
99391	Preventative Visit, Established Patient, Infant	\$ 191.12
99396	Preventative Visit, Established Patient, Age 40-64	\$ 284.30

DRG	Description	Average Self Pay Charge
795	NORMAL NEWBORN	\$ 4,254
775	VAGINAL DELIVERY W/O	\$ 9,799
470	MAJOR HIP AND KNEE J	\$ 57,254
794	NEONATE W OTHER SIGN	\$ 5,470
766	CESAREAN SECTION W/O	\$ 20,692
57	DEGENERATIVE NERVOUS	\$ 26,132
561	AFTERCARE, MUSCULOSKELETAL W/O CC/MC	\$ 15,434
560	AFTERCARE, MUSCULOSKELETAL W CC/MCC	\$ 25,981
690	KIDNEY & URINARY TRACK	\$ 17,401
194	SIMPLE PNEUMONIA & P	\$ 23,577
641	NUTRITIONAL & MISC METABOLIC DISORDERS	\$ 29,524
948	SIGNS & SYMPTOMS W/O MCC	\$ 21,285
884	ORGANIC DISTURBANCES	\$ 38,456
603	CELLULITIS W/O MCC	\$ 15,181
552	MEDICAL BACK PROBLEM	\$ 19,419