



STANDARD CHARGES EFFECTIVE 01/01/2017
Not Including Any Additional Treatment or Services Rendered

URGENT CARE CENTER

LEVEL I	\$86.00
LEVEL II	\$148.00
LEVEL III	\$252.00
LEVEL IV	\$424.00
LEVEL V	\$624.00
LEVEL CRITICAL CARE 1ST HR	\$836.00
LEVEL CRITICAL CARE EA ADD'L 30 MIN	\$219.00
DENTAL PAIN EMERGENCY TREATMENT	\$73.00
DRY SOCKET	\$78.00

THERAPY DEPARTMENT

SPEECH EVALUATION	\$375.00
SWALLOWING EVALUATION	\$119.00
PT INITIAL EVALUATION	\$132.00
OT INITIAL EVALUATION	\$149.00

DENTAL

Rates Effective 10/01/16

PERIODIC EXAM	\$49.00
LIMITED EXAM	\$72.00
INITIAL ORAL EXAM	\$79.00
COMPLETE SERIES XRAYS	\$134.00
PERIAPICAL XRAYS FIRST FILM	\$31.00
BITEWING SINGLE	\$25.00
"BITEWING, TWO FILM"	\$43.00
"BITEWING, FOUR FILM"	\$63.00
PANOREX XRAY	\$111.00
ADULT PROPHYLAXIS	\$99.00
CHILD PROPHYLAXIS W/O FLOURIDE	\$80.00
TOPICAL FLUORIDE	\$36.00
COMPLETE MAXILLARY DENTURE	\$1,643.00
COMPLETE MANDIBULAR DENTURE	\$1,631.00
UPPER RESIN BASED PARTIAL DENTURE	\$1,234.00
MAND RESIN BASED PARTIAL DENTURE	\$1,267.00
REPAIR BROKEN COMPLETE BASE	\$204.00
REPLACE MISSING/BROKEN TEETH EACH	\$162.00
REPAIR/REPLACE BROKEN CLASP	\$272.00
REPAIR BROKEN TEETH PARTIAL	\$191.00
RELINE COMPL UPPER (LAB)	\$497.00
RELINE COMPL LOWER (LAB)	\$494.00
EXTRACTION-SINGLE SIMPLE ROOT REMOVAL	\$162.00
ACRYLIC NIGHTGUARD	\$621.00

MEDICAL CARE UNIT

ACUTE PRIVATE ROOM	\$936.00
ACUTE SEMI PRIVATE ROOM	\$832.00
SWING BED PRIVATE ROOM	\$936.00
SWING BED SEMI PRIVATE ROOM	\$728.00

RADIOLOGY

ABD COMPLETE	47.00	HAND TWO VIEWS LEFT	34.00	SHOULDER 1 VIEW LEFT	26.00
ABD COMPLETE AND ONE CHEST VIEW	57.00	HAND TWO VIEWS RIGHT	34.00	SHOULDER 1 VIEW RIGHT	26.00
ABD ULTRASON B-SCAN COMP	143.00	HAND>2 VIEWS LEFT	42.00	SHOULDER CMP>1 VIEW LEFT	33.00
ABD ULTRASOUND B-SCAN LTD	135.00	HAND>2 VIEWS RIGHT	42.00	SHOULDER CMP>1 VIEW RIGHT	33.00
ABDOMEN ONE VIEW	27.00	HIP BIL WITH PELVIS, 2 VIEWS	46.00	SIJ>2 VIEWS	164.00
ADD GESTATION <14WKS	44.00	HIP BIL WITH PELVIS, 3/4 VIEWS	55.50	SKULL <4 VIEWS	43.00
ADD GESTATION >14WKS	76.00	HIP BIL WITH PELVIS, MIN 5 VIEWS	67.00	SKULL CMP >4 VIEWS	52.00
ADDITIONAL RECONS	22.00	HIP UNIL WITH PELVIS, 1 VIEW LEFT	33.00	SOFT TISSUE NECK	34.00
ANKLE COMPLETE>2 LEFT	43.00	HIP UNIL WITH PELVIS, 1 VIEW RIGHT	33.00	SP 1 VIEW-SPECIFY	24.00
ANKLE COMPLETE>2 RIGHT	43.00	HIP UNIL WITH PELVIS, 2/3 VIEWS LEFT	50.00	SP LUMBOSAC COMP	81.00
ANKLE TWO VIEWS LEFT	36.00	HIP UNIL WITH PELVIS, 2/3 VIEWS RIGHT	50.00	STERNOCLAVICULAR JOINT	46.00
ANKLE TWO VIEWS RIGHT	36.00	HIP UNIL WITH PELVIS, MIN 4 VIEWS LEFT	61.50	STERNUM>2 VIEWS	38.00
BIL NONINV ART STDY-SINGLE	148.00	HIP UNIL WITH PELVIS, MIN 4 VIEWS RIGHT	61.50	TIB/FIB TWO VIEWS LEFT	33.00
BILATERAL AC JOINTS	43.00	HIP UNILAT 1 VIEW LEFT	32.00	TIB/FIB TWO VIEWS RIGHT	33.00
BIOPHYSICAL PROFILE	89.00	HIP UNILAT 1 VIEW RIGHT	32.00	TMJ OPEN&CLOSE BI	62.00
BLADDER ULTRASOUND	35.00	HUMERUS>1 VIEW LEFT	30.00	TOE(S)>1 VIEW LEFT	42.00
B-SCAN HEAD/NECK	161.00	HUMERUS>1 VIEW RIGHT	30.00	TOE(S)>1 VIEW RIGHT	42.00
CALCANEUS>1 VIEW LEFT	36.00	KNEE-1 OR 2 VIEWS LEFT	38.00	TRANS VAG OB <14WKS	102.00
CALCANEUS>1 VIEW RIGHT	36.00	KNEE-1 OR 2 VIEWS RIGHT	38.00	TRANSVAGINAL ULTRASOUND	152.00
CERV SP COMPLETE	64.00	KNEE-3 VIEWS LEFT	48.00	T-SPINE THREE VIEW	46.00
CERV SP>3 VIEWS	49.00	KNEE-3 VIEWS RIGHT	48.00	T-SPINE TWO VIEWS	39.00
CH 2 FRONT&LAT+OBLIQUES	43.00	L/S-SPINE FOUR VIEW	58.00	ULTRASOUND BREAST COMPLETE	124.00
CHEST 2 FRONT/LAT W/APICAL LORDOTIC	35.00	L/S-SPINE TWO/THREE	40.00	ULTRASOUND BREAST COMPLETE BILATERAL	124.00
CHEST 2-FRONT&LAT	29.00	LIMITED CAROTID LW EXTREM	231.00	ULTRASOUND BREAST LIMITED	95.00
CHEST DECUBS	40.00	INFANT>1 LEFT	35.00	ULTRASOUND BREAST LIMITED BILATERAL	95.00
CHEST FOUR VIEWS	44.00	INFANT>1 RIGHT	35.00	ULTRASOUND SCREEN FOR AAA	150.00
CHEST SNG VIEW FRNT	29.00	MANDIBLE COMPLETE >4	49.00	ULTRASOUND SPINAL CONTENTS	140.00
CHEST ULTRASOUND W/MEDIASTINUM	104.00	MANDIBLE PART <4 MASTOIDS <3 EA	46.00	ULTRASOUND-GUIDED NEEDLE BIOPSY	47.00
CLAVICLE COMPLETE LEFT	33.00	SIDE MASTOIDS COMPLET >3	49.00	UP EXTREM INFANT>1 LEFT	42.00
CLAVICLE COMPLETE RIGHT	33.00	NASAL BONE CMP >3	43.00	UP EXTREM INFANT>1 RIGHT	42.00
COMPLETE XRAY KNEE(4+) LEFT	56.00	NECK W/O CONTRAST THEN W/ + FURTHER SECT	464.00	US SCROTUM & CONTENTS	61.00
COMPLETE XRAY KNEE(4+) RIGHT	56.00	NON-INV EXTCRNL STDY-BIL	143.00	WRIST COMPLETE>2 LEFT	51.00
DUPLX SCN EXT VN-BIL/LTD	337.00	OB 1ST TRIMESTER	127.00	WRIST COMPLETE>2 RIGHT	51.00
DUPLX SCN EXT VN-UNI/LTD	221.00			WRIST TWO VIEWS LEFT	40.00

DUPLX SCN EXTCRN ART-BIL	332.00	OB 2ND & 3RD LIMITED	164.00	WRIST TWO VIEWS RIGHT	40.00
DUPLX SCN LEG-COMP BIL	433.00	OB 2ND-3RD TRIMESTER	145.00	XRAY GI TRACT UPPER W/KUB	259.00
ELBOW COMPLETE>2 LEFT	43.00	OB 2ND-3RD TRIMESTER ADD ONE	197.00	XRAY GI TRACT W/SMALL INTESTINE	259.00
ELBOW COMPLETE>2 RIGHT	43.00	OB LIMITED IE HEART RATE	197.00	XRAY SMALL INTESTINE	175.00
ELBOW TWO VIEWS LEFT	33.00	OPTIC FORAMINA	44.00		
ELBOW TWO VIEWS RIGHT	33.00	ORBIT COMPLETE PELVIC	52.00		
EXTREMITY NON-VASCULAR COMPLETE	154.00	ULTRASOUND B-SCAN	131.00		
EXTREMITY NON-VASCULAR LTD	20.00	ULTRASOUND LTD	40.00		
EYE TO DETECT FB	34.00	PELVIS ONE VIEW	32.00		
FACIAL BONES <3 VIEW	35.00	PNASAL SINUS CMP >3	67.00		
FACIAL BONES CMP >3	52.00	PROSTATE TRANSRECTAL	104.00		
FEMUR 2 VIEWS LEFT	38.00	REFLUX STUDY PLUS VENOUS	165.00		
FEMUR 2 VIEWS RIGHT	38.00	RIBS BI 3 VIEWS	47.00		
FINGER(S)>1 VIEW LEFT	47.00	RIBS BI>3 VIEWS	65.00		
FINGER(S)>1 VIEW RIGHT	47.00	RIBS UNI 2 VIEWS LEFT	37.00		
FOOT COMPLETE>2 LEFT	41.00	RIBS UNI 2 VIEWS RIGHT	37.00		
FOOT COMPLETE>2 RIGHT	41.00	RIBS UNI>3 VIEWS LEFT	46.00		
FOOT-TWO VIEWS LEFT	35.00	RIBS UNI>3 VIEWS RIGHT	46.00		
FOOT-TWO VIEWS RIGHT	35.00	SACRUM&COCCYX 2/MOR	33.00		
FOREARM TWO VIEWS LEFT	34.00	SCAPULA COMPLETE LEFT	35.00		
FOREARM TWO VIEWS RIGHT	34.00	SCAPULA COMPLETE RIGHT	35.00		
FOREIGN BODY CHECK	31.00	SCOLIOSIS STUDY, 2 OR 3 VIEWS	76.50		
GUIDE FOR LOCALIZATION	577.00	SCOLIOSIS STUDY, 4 OR 5 VIEWS	83.00		
GUIDE FOR NEEDLE BIOPSY	572.00	SCOLIOSIS STUDY, MIN 6 VIEWS	100.00		
GUIDE FOR RADIATION THERAPY	126.00				