



The health care price for any given health care service is an estimate and that the actual charges for the health care service are dependent on the circumstances at the time the service is given.

If you are covered by health insurance, you are strongly encouraged to consult with your health insurer to determine accurate information about your financial responsibility for a particular health care service provided at this health care facility. If you are not covered by health insurance, you are strongly encouraged to contact (insert office name and telephone number) to discuss payment options prior to receiving a health care service from this health care facility since posted health care prices may not reflect the actual amount of your financial responsibility.

99213	Established Patient Office or Other Outpatient Services	\$ 118.29
99214	Established Patient Office or Other Outpatient Services	\$ 173.98
G8431	Screening for depression is documented as being positive and a follow-up plan is documented	\$ 30.00
99203	New Patient Office or Other Outpatient Services	\$ 175.14
99204	New Patient Office or Other Outpatient Services	\$ 265.86
83036	Hemoglobin	\$ 30.00
G8510	Screening for depression is documented as negative, a follow-up plan is not required	\$ 30.00
96127	Central Nervous System Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)	\$ 9.18
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents	\$ 25.00
99000	Miscellaneous Medicine Services	\$ 15.00
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections)	\$ 41.34
GAD16	Depression screening	\$ 25.00
90674	Influenza virus vaccine	\$ 60.00
36415	Venous Procedures	\$ 15.00
90460	Immunization Administration for Vaccines/Toxoids	\$ 40.00
99215	Established Patient Office or Other Outpatient Services	\$ 234.29
87880	Infectious agent antigen detection by immunoassay with direct optical observation	\$ 25.00
90686	Influenza virus vaccine, quadrivalent	\$ 50.00
81025	Urinalysis Procedures	\$ 20.00
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug)	\$ 30.00
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient	\$ 255.00
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient	\$ 208.00
G0444	Annual depression screening, 15 minutes	\$ 29.28
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient	\$ 265.00
99406	Smoking and tobacco use cessation counseling visit	\$ 23.54