

Cash Pay or Non Covered Services

Patient Name _____

Date _____



R07/2015

Office Visits

*NP—New Patient

*EP—Established Patient

Level 2 NP , Problem oriented, one problem	75.00
Level 3 NP , Problem oriented, low complexity	100.00
Level 4 NP , Problem oriented, moderate complexity	150.00
Level 5 NP , Problem oriented, high complexity	175.00
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Level 1 EP , Nurse visit	25.00
Level 2 EP , Problem oriented, very low complexity	40.00
Level 3 EP , Problem oriented, low complexity	65.00
Level 4 EP , Problem oriented, moderate complexity	95.00
Level 5 EP , Problem oriented, high complexity	130.00
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Preventive Visit	65.00
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Sports Physical and Form	60.00

Fees

Family Medical Leave	50.00
Disability Form (short term only)	
Initial	100.00
Recertification	50.00
Assisted Living	50.00
Letter Fee (misc pt forms—exercise, work, other)	20.00/30.00 40.00/50.00

Vaccinations/Injectables

\$Tetanus	35.00
\$Tdap	60.00
Depoprovera	75.00
Influenza	30.00
Pneumococcal	100.00
Vitamin B12	20.00
TB testing	10.00

Procedures

<input type="checkbox"/> Pap Smear	30.00
<input type="checkbox"/> EKG	20.00
<input type="checkbox"/> UDS	10.00
<input type="checkbox"/> Albuterol Solution	20.00
<input type="checkbox"/> Ipratropium Solution	20.00
<input type="checkbox"/> Spirometry	20.00
<input type="checkbox"/> Blood sugar	5.00
<input type="checkbox"/> Urinalysis	10.00
<input type="checkbox"/> Urine pregnancy	20.00
<input type="checkbox"/> Coumadin test	20.00
<input type="checkbox"/> Influenza testing	25.00
<input type="checkbox"/> Skin biopsy	50.00/75.00/100.00
<input type="checkbox"/> Wart / Destruction of skin lesion	50.00/75.00/100.00
<input type="checkbox"/> Skin tag removal (1-10)	25.00
<input type="checkbox"/> Skin tag removal (each additional set of 5 lesions)	5.00
<input type="checkbox"/> Liquid N2	20.00
<input type="checkbox"/> Incision and drainage of an abscess	30.00
<input type="checkbox"/> Laceration/stitches	(up to 3 stitches) 50.00 (> 3 stitches) 100.00
<input type="checkbox"/> Suture/staple removal	15.00
<input type="checkbox"/> Wound care II/supplies	25.00/50.00/75.00
A1C	10.00
<input type="checkbox"/> <input type="checkbox"/> Joint injection/aspiration (small/large)	60.00/75.00

Total amount owed:

_____ - _____ = _____
 (Total amount circled by provider/MA) (Prepaid amount) (Remaining amount due)