



Private pay time of service pricing/Good Faith Estimate

Office Visit (Visit only)

New Patient

99202	\$105
99203	\$160
99204	\$240
99205	\$300

Established Patient

99212	\$85
99213	\$135
99214	\$190
99215	\$245

Nurse only \$55

Televisit \$80

DOT Exam \$176

Annual exam (Visit only)

New Patient

Child	\$200
Adult	\$240

Established Patient

Child	\$180
Adult	\$220

Vaccines (under 18) First \$21, addtl \$15 each Total _____

(Over 18 only) Includes injection fee

- | | |
|------------------------------|-------------------|
| • Flu \$60 | • Pneumovax \$153 |
| • Flu High Dose/Flublok \$93 | • Prevnar \$261 |
| • Gardasil \$275 | • Shingrix \$201 |
| • Hep A \$109 | • TD only \$70 |
| • Hep B \$89 | • TDAP \$76 |
| • Menactra \$119 | • Trumenba \$204 |
| • Menquadfi \$116 | • Twinrix \$129 |
| • MMR \$119 | • Varicella \$183 |

Tier 1 Labs \$25 each

(no visit)

- Albumin Blood
- Creatinine Blood
- Glucose
- Mono Test
- Potassium
- Pro Time
- Sed Rate
- SGOT
- Sodium
- Strep Test
- Urinalysis
- Urine Dip
- Wet/KOH Mount

Total _____

In-House labs listed below We utilize an outside reference lab. For any labs not listed below you will receive a separate invoice from them. Please ask for more information.

Tier 2 Labs \$50 each

(no visit)

- | | |
|---------------------|------------------|
| • Basic Panel | • LFT |
| • Bilirubin | • Lipase |
| • BUN | • Occult Blood |
| • Calcium | • Pregnancy Test |
| • CBC auto/manual | • PSA |
| • Comp/ Chem Panel | • T4 |
| • Covid | • TSH |
| • D-Dimer | • Uric Acid |
| • Ferritin | |
| • Hgb A1C | |
| • Influenza Antigen | |

Total _____

Tier 3 Labs

\$100 each

(no visit)

- A/C Urine
- BNP
- Troponin
- Vitamin D
- Lipid Panel

Total _____

Lab exclusions (no visit)

- Thyroid Panel \$100
- Covid/Flu/RSV \$225
- Vaginitis Panel \$240
- Chlamydia/Gonorrhea \$195

X-Ray (no visit) \$100 each

Reading of x-ray completed by Logan Health \$20-\$30 each. You will receive a separate invoice.

Exclusion pricing

- | | | |
|--|---|---|
| • Colonoscopy \$1000
(Pathology billed by Incyte
Diagnostics specimen \$200 each) | • Sports physical \$125 | • Excision of Lesion (see other side) |
| • Vasectomy \$640 | • Diabetic Eye Exam \$90 | • Laceration repair (see other side) |
| • Circumcision \$284 | • Spirometry without visit \$75 | • Foreign body removal:
Simple \$273 Complex \$480 |
| • Fracture care: Finger/Toe \$415
Wrist/Arm \$605 Leg/Ankle \$585
Supplies \$50 X-ray \$100 each | • Holter Monitor \$200 | • Hydration therapy 30 min-1 hr \$101
Addtl hour \$30 |
| • Splinting: Finger \$84 | • Coumadin Clinic \$50 | • Injection of Tendon sheath/origin \$120 |
| Short-arm \$105 Long-arm \$122 | • EKG without visit \$40 | • Nursemaid elbow treatment \$248 |
| Short-leg \$116 Long-leg \$138 | • Breathing treatment \$116 | • Application of paste boot \$120 |
| | • Hemorrhoid I&D \$320 | • Incision and drainage:
Simple \$208 Complex \$336 |
| | • Injection of drug without visit \$65 | |
| | • TB test with reading no visit \$50 | |
| | • Injection of joint:
Small/Medium \$95 Large \$123 | |

Exclusions listed above for private pay levels of care. Extra charges may apply. Payment is required at the time of service and pricing above only available if paying in full. Payment plans are available with \$75 down, but regular pricing (No discounts) will apply with any payment plan. Outside labs, x-ray readings, and pathology are not included in the pricing above. Disclaimer: As a service to our patients, we are providing you with an estimate of what you could reasonably expect to pay for the specific health care service(s) indicated above. This is only an estimate and this Clinic has not agreed to limit its charges to you by providing you with this estimate. By providing you with this estimate, this Clinic has not undertaken to update you on any changes to the estimated amount. This estimate is not a determination or guarantee of coverage for charges made by your health care professional or facility. You remain personally responsible for the actual services you receive (which may be different than what is stated in the estimate).

EXCISION & LACERATION QUICK REFERENCE SHEET

EXCISIONS-BENIGN LESIONS	CPT	BENIGN LESIONS	\$\$\$MALIGNANT LESIONS
TRUNK ,ARMS,LEGS 0.5CM OR LESS	11400	\$ 270.00	11600 /\$400
TRUNK ,ARMS,LEGS 0.6 TO 1.0 CM	11401	\$ 320.00	11601 /\$480
TRUNK,ARMS,LEGS 1.1 TO 2.0 CM	11402	\$ 360.00	11602 /\$520
SCALP,NECK,HANDS,FEET,GENITALIA 0.5 CM OR LESS	11420	\$ 280.00	11620 /\$420
SCALP,NECK,HANDS,FEET,GENITALIA 0.6 TO 1.0 CM	11421	\$ 340.00	11621 /\$490
SCALP,NECK,HANDS,FEET,GENITALIA 1.1 TO 2.0 CM	11422	\$ 380.00	11622 /\$530
FACE,EARS,EYELIDS,NOSE,LIPS,M.MEMBRANES 0.5 CM OR LESS	11440	\$ 312.00	11640 /\$435
FACE,EARS,EYELIDS,NOSE,LIPS,M.MEMBRANES 0.6 TO 1.0 CM	11441	\$ 360.00	11641 /\$500
FACE,EARS,EYELIDS,NOSE,LIPS,M.MEMBRANES 1.1 TO 2 CM	11442	\$ 400.00	11642 /\$565
***2 LAYER CLOSURE ::ADD INTERMEDIATE LACERATION REPAIR CODE OF APPROPRIATE			
BODY PART AND SIZE <i>IN ADDITION</i> TO EXCISION CODE****			**ICD10 CODES**
LACERATION REPAIR-SIMPLE	CPT	PRICE	MALIGNANT CODES
SCALP,NECK,AXILLAE,GENITALIA,TRUNK,EXTREMITIES 2.5 CM OR	12001	\$ 250.00	CAN BE FOUND FROM
SCALP,NECK,AXILLAE,GENITALIA,TRUNK,EXTREMITIES 2.6 TO 7.5 CM	12002	\$ 270.00	C44 SCC/BCC
FACE,EARS,EYELIDS,NOSE,LIPS,MUCOUS MEMBRANES 2.5 CM OR LESS	12011	\$ 250.00	C43 MELANOMA
FACE,EARS,EYELIDS,NOSE,LIPS,MUCOUS MEMBRANES 2.6 TO 5.0 CM	12013	\$ 275.00	BENIGN LESION CODES
LACERATION REPAIR-INTERMEDIATE			CAN BE FOUND FROM
SCALP,AXILLAE,TRUNK,EXTREMITIES(NO HANDS/FEET) 2.5 CM OR LESS	12031	\$ 475.00	D22
SCALP,AXILLAE,TRUNK,EXTREMITIES(NO HANDS/FEET) 2.6 TO 7.5 CM	12032	\$ 665.00	
NECK,HANDS,FEET,EXT.GENITALIA 2.5 CM OR LESS	12041	\$ 488.00	
NECK,HANDS,FEET,EXT.GENITALIA 2.6 TO 7.5 CM	12042	\$ 580.00	
FACE,EARS,EYELIDS,NOSE,LIPS,MUCOUS MEMBRANES 2.5 CM OR LESS	12051	\$ 520.00	
FACE,EARS,EYELIDS,NOSE,LIPS,MUCOUS MEMBRANES 2.6 TO 7.5 CM	12052	\$ 590.00	
SHAVE EXCISION	CPT	PRICE	Shave excisions are
TRUNK,ARMS,LEGS 0.5 CM OR LESS	11300	\$ 210.00	Theraputic removal only
TRUNK,ARMS,LEGS 0.6 TO 1.0 CM	11301	\$ 260.00	Biopsy use:
TRUNK,ARMS,LEGS 1.1 TO 2.0 CM	11302	\$ 310.00	11102 or 11103
SCALP,NECK,HANDS,FEET,GENITALIA 0.5 CM OR LESS	11306	\$ 255.00	\$331.00
SCALP,NECK,HANDS,FEET,GENITALIA 0.6 TO 1.0 CM	11307	\$ 310.00	
FACE,EARS,EYELIDS,NOSE,LIPS,MUCOUS MEMBRANES 0.5 CM OR LESS	11310	\$ 260.00	
FACE,EARS,EYELIDS,NOSE,LIPS,MUCOUS MEMBRANES 0.6 TO 1.0 CM	11311	\$ 340.00	
FACE,EARS,EYELIDS,NOSE,LIPS,MUCOUS MEMBRANES 1.1 TO 2 CM	11312	\$ 380.00	
SKIN BIOPSY(PUNCH BIOPSY)	11104	\$ 331.00	
SKIN TAGS -1 TO 15	11200	\$ 180.00	L81.9
SKIN TAGS -EACH ADDITIONAL 10 LESIONS	11201	\$ 35.00	L81.9
WART DESTRUCTION 1-14	17110	\$ 200.00	B07.9
WART DESTRUCTION 15 OR MORE	17111	\$ 280.00	
AK(PRE-MALIGNANT LESIONS) DESTRUCTION FIRST ONE	17000	\$ 140.00	L57.00
AK(PRE-MALIGNANT LESIONS) DESTRUCTION -EACH ADD'L(2-14)	17003	\$ 23.00	L57.00
AK(PRE-MALIGNANT LESIONS) 15 OR MORE(USE ONLY THIS CODE)	17004	\$ 289.00	L57.00
EPISTAXIS CONTROL-CAUTERY AND/OR PACKING	30901	\$ 235.00	R04.0
EXCISION OF NAIL PLATE/MATRIX -PERMANENT REMOVAL (EACH)	11750	\$ 332.00	L60.0
AVULSION OF NAIL PLATE-PARTIAL OR COMPLETE --SINGLE	11730	\$ 235.00	
AVULSION OF NAIL PLATE-PARTIAL OR COMPLETE ---EACH ADDT'L	11732	\$ 79.00	