

Discounted price is only applied when paying in full at the time of service

<u>CPT</u>	<u>FEE</u>	<u>DISCOUNTED PRICE</u>	<u>DESCRIPTION</u>	<u>CPT</u>	<u>FEE</u>	<u>DISCOUNTED PRICE</u>	<u>DESCRIPTION</u>
99214	\$125.00	\$100.00	PROBLEM-FOCUSED	58300	\$270.00	\$216.00	IUD INSERT
99242	\$225.00	\$180.00	EXPANDED FOCUSED	58301	\$345.00	\$276.00	IUD REMOVE
99243	\$310.00	\$248.00	DETAILED	J7298	\$1,435.00		MIRENA
99244	\$455.00	\$364.00	COMPHREHENSIVE	J7297	\$1,275.00		LILETTA
99245	\$555.00	\$444.00	COMPLEX FOCUSED	J7296	\$2,025.00		KYLEENA
				J7300	\$1,335.00		PARAGARD
99384	\$335.00	\$268.00	AGE 12-17	J1050	\$0.71		DEPO 1 MG
99385	\$325.00	\$260.00	AGE 18-39				
99386	\$375.00	\$300.00	AGE 40-64	93672	\$75.00	\$60.00	IN/SC MED
99387	\$410.00	\$328.00	AGE 65 & OVER	90471	\$75.00	\$60.00	IMMUN > 18 YRS
				90649	\$260.00		HPV4
99394	\$285.00	\$228.00	AGE 12-17	90651	\$290.00		HPV9
99395	\$290.00	\$232.00	AGE 18-39	90658	\$30.00		FLU
99396	\$310.00	\$248.00	AGE 40-64	J2790	\$215.00		RHOGAM
99397	\$335.00	\$268.00	AGE 65 & OVER	90715	\$95.00		TDAP
99387	\$410.00	\$328.00	NEW WELL OVER 65	82270	\$10.00		HEMOCULT
99397	\$335.00	\$268.00	EST WELL OVER 65	82274	\$55.00		HEMOC, IMMUNOASSY
G0101	\$50.00	\$40.00	PELVIC/BREAST EXAM	83986	\$15.00		PH BODY FLUID
G0328	\$55.00	\$44.00	FEC BLD IMMUN	81025	\$20.00		PREGNANCY TEST
Q0091	\$55.00	\$44.00	PAP SMEAR	81002	\$10.00		URINE DIP
				36415	\$10.00		VENIPUNCTURE
99201	\$130.00	\$104.00	MINIMAL	87210	\$15.00		WET MOUNT
99202	\$220.00	\$176.00	LIMITED				
99203	\$320.00	\$256.00	INTERMEDIATE	76856	\$385.00	\$308.00	GYN COMPLETE
99204	\$485.00	\$388.00	EXTENDED	76857	\$215.00	\$172.00	GYN LIMITED
99205	\$600.00	\$480.00	COMPHREHENSIVE	76830	\$390.00	\$312.00	GYN TRANSVAGINAL
				76831	\$380.00	\$304.00	HYSTEROSONOGRAM
99211	\$60.00	\$48.00	MINIMAL	58340	\$360.00	\$288.00	GYN INTRO SALINE
99212	\$130.00	\$104.00	LIMITED	93976	\$650.00	\$520.00	GYN DOPPLER ABD/PELVIC
99213	\$215.00	\$172.00	INTERMEDIATE				
99214	\$315.00	\$252.00	EXTENDED	59025	\$145.00	\$116.00	NST X _____
99215	\$420.00	\$336.00	COMPHREHENSIVE	76801	\$385.00	\$308.00	< 14 WEEKS 0 DAYS
				76802	\$200.00	\$160.00	EA ADD'L FETUS
OB100	\$0.00	\$0.00	ROUTINE OB	76805	\$450.00	\$360.00	> OR = 14 WEEKS 0 DAYS
OB100NEW	\$0.00	\$0.00	INITIAL OB	76810	\$295.00	\$236.00	EA ADD'L FETUS
99024	\$0.00	\$0.00	POSTPARTUM GLOBAL	76811	\$560.00	\$448.00	LEVEL 2
				76812	\$640.00	\$512.00	EA ADD'L FETUS
H1000	\$75.00	\$60.00	RISK ASSESSMENT FORM	76813	\$365.00	\$292.00	1ST TRIM FETAL NUCHAL
H1003	\$15.00	\$12.00	ENRICHED MATERNITY	76814	\$240.00	\$192.00	EA ADD'L FETUS
99212MA	\$130.00	\$104.00	OB LIMITED	76815	\$275.00	\$220.00	LIMITED 1 + FETUS
99213MA	\$215.00	\$172.00	OB INTERMEDIATE	76816	\$355.00	\$284.00	F/U or RE-EVAL
99214MA	\$315.00	\$252.00	OB EXTENDED	76817	\$310.00	\$248.00	TRANSVAGINAL OB
99215MA	\$420.00	\$336.00	OB COMPREHENSIVE	76818	\$370.00	\$296.00	BPP WITH NST
9924XMA	\$0.00	\$0.00	OB POSTPARTUM	76819	\$270.00	\$216.00	BPP WITHOUT NST
				76820	\$145.00	\$116.00	DOPPLER, UMBILICAL
99024M	\$0.00	\$0.00	POST OP, MAJOR	76821	\$290.00	\$232.00	DOPPLER MCA
99024S	\$0.00	\$0.00	POST OP, MINOR	93976	\$650.00	\$520.00	DOPPLER UTERINE ARTERY
				76825	\$840.00	\$672.00	FETAL ECHO, INITIAL
11981	\$410.00	\$328.00	INSETION	76826	\$505.00	\$404.00	RETAL ECHO, REPEAT
11982	\$465.00	\$372.00	REMOVAL	76827	\$230.00	\$184.00	DOPPLER ECHO, INITIAL
11983	\$635.00	\$508.00	REMOVAL/REINSERT.	76828	\$160.00	\$128.00	DOPPLER ECHO, REPEAT
J7307	\$1,550.00	NO DISCOUNT	BUY & BILL IMPLANT	76376	\$105.00	\$84.00	4D STUDY
				93325	\$80.00	\$64.00	COLOR FLOW MAPPING