

These fees are for patients without insurance coverage:

CPT	Description	2022 Fees
36415	ROUTINE VENIPUNCTURE	\$ 40.17
76641	ULTRASOUND BREAST UNI COMPLETE	\$ 431.57
77063	BREAST TOMOSYNTHESIS BIL SCREENING	\$ 246.17
77067	SCR MAMMO BILAT INCL CAD	\$ 756.02
80050	GENERAL HEALTH PANEL	\$ 161.71
80053	COMPREHEN METABOLIC PANEL	\$ 63.86
80061	LIPID PANEL	\$ 92.70
81001	URINALYSIS, AUTO W/SCOPE	\$ 17.51
81003	URINALYSIS AUTO W/O SCOPE	\$ 24.72
82043	MICROALBUMIN, QUANTITATIVE	\$ 54.59
82306	ASSAY OF VITAMIN D	\$ 219.39
82607	VITAMIN B-12	\$ 103.00
82728	ASSAY OF FERRITIN	\$ 93.73
83036	GLYCOSYLATED HEMOGLOBIN TEST	\$ 65.92
83550	IRON BINDING TEST	\$ 58.71
84153	ASSAY OF PSA, TOTAL	\$ 126.69
84439	ASSAY OF FREE THYROXINE	\$ 60.77
84443	ASSAY THYROID STIM HORMONE	\$ 117.42
85025	COMPLETE CBC W/AUTO DIFF WBC	\$ 52.53
85652	RBC SED RATE, AUTOMATED	\$ 52.53
86140	C-REACTIVE PROTEIN	\$ 32.96
86769	SARS-COV-2 COVID-19 ANTIBODY	\$ 56.65
87086	URINE CULTURE/COLONY COUNT	\$ 45.32
87491	CHYLMD TRACH, DNA, AMP PROBE	\$ 193.64
87591	N.GONORRHOEAE, DNA, AMP PROB	\$ 193.64
87624	HPV DNA AMP PROBE	\$ 187.46
87635	SARS-COV-2 COVID-19 AMP PRBA	\$ 116.39
88174	CYTOPATH, C/V AUTO, IN FLUID	\$ 155.53
88305	TISSUE EXAM BY PATHOLOGIST	\$ 459.38
90460	IMMUN ADMIN W COUNS <18 YR	\$ 92.70
90461	IMUN ADMIN W COUNS < 18 YR ADDL	\$ 59.74
90471	IMMUNIZATION ADMIN	\$ 88.58
90686	FLU VAC NO PRESERV QUAD 0.5 ML IM	\$ 67.98
92014	EYE EXAM & TREATMENT	\$ 663.32
93000	ELECTROCARDIOGRAM, COMPLETE	\$ 157.59
95004	PERCUT ALLERGY SKIN TESTS	\$ 35.02
95165	ANTIGEN THERAPY SERVICES	\$ 58.71
97110	THERAPEUTIC EXERCISES	\$ 128.75
99173	VISUAL ACUITY SCREEN	\$ 59.74
99202	OFFICE OUTPATIENT VISIT NEW	\$ 265.74
99203	OFFICE/OUTPATIENT VISIT, NEW	\$ 370.80
99204	OFFICE/OUTPATIENT VISIT, NEW	\$ 542.81
99212	OFFICE/OUTPATIENT VISIT, EST	\$ 149.35
99213	OFFICE/OUTPATIENT VISIT, EST	\$ 230.72

99214	OFFICE/OUTPATIENT VISIT, EST	\$ 350.20
99395	PREV VISIT, EST, AGE 18-39	\$ 466.59
99396	PREV VISIT, EST, AGE 40-64	\$ 466.59
A9576	INJ PROHANCE MULTIPACK PER ML	\$ 8.24
J0585	BOTULINUM TOXIN A PER 1 UNIT	\$ 20.60
J0585JW	BOTULINUM TOXIN A PER 1 UNIT WASTE	\$ 14.42
J0717	CERTOLIZUMAB (CIMZIA) 1 MG	\$ 27.81
J0881	DARBEPOETIN ALFA 1 MCG, NON-ESRD	\$ 14.42
J0897P	PROLIA DENOSUMAB 1 MG	\$ 67.98
J0897X	XGEVA DENOSUMAB 1 MG	\$ 67.98
J1050	MEDROXYPROGESTERONE ACETATE 1 MG	\$ 4.12
J1071	TESTOSTERONE CYPIONATE 1 MG	\$ 3.09
J1100	DEXAMETHASONE SODIUM PHOS 1 MG	\$ 8.24
J1439	INJ FERRIC CARBOXYMALTOS (INJECTAFER) 1MG	\$ 4.12
J1453	FOSAPREPITANT 1 MG INJECTION	\$ 6.18
J1569	GAMMAGARD LIQUID 500 MG INJECTION	\$ 152.44
J1626	GRANISETRON HCL 100 MCG INJECTION	\$ 50.47
J1745	INFLIXIMAB 10 MG INJECTION	\$ 180.25
J1756	IRON SUCROSE 1 MG INJECTION	\$ 4.12
J2323	NATALIZUMAB 1 MG INJECTION	\$ 71.07
J2350	INJECTION, OCRELIZUMAB (OCREVUS), 1 MG	\$ 194.67
J2357	OMALIZUMAB 5 MG INJECTION	\$ 126.69
J3262	TOCILIZUMAB (ACTEMRA) 1 MG	\$ 17.51
J3301	KENALOG 10 MG	\$ 15.45
J3380	VEDOLIZUMAB (ENTYVIO) 1 MG	\$ 69.01
J7325	SYNVISC/SYNVISC ONE 1 MG	\$ 50.47
J9025	AZACITIDINE 1 MG INJECTION	\$ 10.30
J9041	BORTEZOMIB 0.1 MG INJECTION	\$ 152.44
J9144	INJ, DARATUMUMAB, HYALURONIDASE (DARZALEX FASPRO) 10MG	\$ 75.19
J9171	DOCETAXEL 1 MG	\$ 81.37
J9176	ELOTUZUMAB (EMPLICITI) 1MG	\$ 22.66
J9263	OXALIPLATIN 0.5 MG	\$ 22.66
J9264	PACLITAXEL PROTEIN BOUND 1 MG	\$ 43.26
J9267	PACLITAXEL 1 MG	\$ 3.09
J9271	PEMBROLIZUMAB (KEYTRUDA) 1MG	\$ 169.95
J9299	NIVOLUMAB (OPDIVO) 1MG	\$ 95.79
J9306	PERJETA 1 MG	\$ 44.29
J9312	RITUXIMAB (RITUXAN) 10 MG INJECTION	\$ 309.00
J9354	KADCYLA 1 MG	\$ 111.24
Q0138	FERAHEME 1 MG NON ESRD	\$ 4.12
Q5101	INJ FILGRASTIM GCSF BIOSIMIL 1 MCG (ZARXIO)	\$ 4.12
Q5110	INJ, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM)1 MCG	\$ 3.09
Q9967	LOCM 300 399MG ML IODINE 1ML	\$ 3.09
U0003	SARS-COV-2 COVID-19 AP HTTA	\$ 309.00
U0005	INFEC AGEN DETEC AMPLI PROBE	\$ 90.64