

IMAGING SERVICES		
<i>The following charges represent some of our most common x-ray and radiological procedures. These prices do not include the charges for radiological contrast material or the Radiologist's interpretation of the exam. The Radiologist's charges will be billed separately.</i>		
Description	CPT Code	Price
MRI – Lumbar Spine without Contrast	72148	\$1420.00
MRI – Head with & without Contrast	70553	\$2335.58
CT – Abdomen & Pelvis with Contrast	74177	\$2335.58
DEXA Bone Density Study	77080	\$249.90
Chest X-ray, 1-View	71010	\$156.65
Chest X-ray, 2-View	71020	\$190.00
ABD 3-View, Includes PA Chest	74022	\$210.00
Digital Mammogram Screening	G0202	\$244.80
Ultrasound – Abdomen Complete	76700	\$515.00
Ultrasound – OB Complete > 14 weeks	76805	\$560.00

LABORATORY SERVICES		
<i>These charges represent some of our most common laboratory procedures. Some tests may also have a physician interpretation to the test. The Pathologist's charges will be billed separately.</i>		
Description	CPT Code	Price
CBC with Auto Differential	85025	\$71.00
Venipuncture	36415	\$18.00
Comprehensive Metabolic Panel	80053	\$89.85
UA Complete	81001	\$38.75
Basic Metabolic Panel	80048	\$70.00
Lipid Profile	80061	\$113.84
TSH	84443	\$142.80
PSA Screening	G0103	\$156.36
Prothrombin Time	85610	\$33.36

OTHER SERVICES		
Description	CPT Code	Price
Colonoscopy		\$1500.00-\$2000.00
Walk-In Clinic	99212-99215	\$113.50-\$390.00