GENERAL: SELF-PAY TEMPLATE: INTERNAL OFFICE USE ONLY

Weill Cornell Imaging

NewYork-Presbyterian Weill Cornell Medicine

Patient Name/MRN: _____

Date of Service:_____

CPT Code	Procedure Name	2025 Fee	Total Contrast
		$	$
		$	$
		$	$

International Patient? YES ☐ NO ☐

Discount Given: 25% 50%

2025 Fee Schedule Total Cost WITHOUT Discount: $_____

Total Cost WITH Discount: $ _____

Patient Paid at TOS: $_____

CWID:_____ WCINYP Location:_____

Notes:

_____

_____

Reviewed: February 2025