

CODE	PRICE	CASH PAY PRICE	DESCRIPTION
99213	266	172.90	ESTABLISHED PATIENT DETAILED OFFICE VISIT
99348	312.55	203.16	HOME VISIT ESTABLISHED PATIENT DETAILED
99349	365.75	237.74	HOME VISIT ESTABLISHED PATIENT INTERMEDIATE
36415	26.60	17.29	VENIPUNCTURE
99214	332.50	216.13	ESTABLISHED PATIENT COMPREHENSIVE OFFICE VISIT
S3620	199.50		PKU NEWBORN METABOLIC SCREEN
99204	512.05	332.83	NEW PATIENT INTERMEDIATE OFFICE VISIT
99461	525.35	341.48	INITIAL NEWBORN EXAM HOME BIRTH
99203	352.45	229.09	NEW PATIENT LIMITED OFFICE VISIT
59400	9600.00	6240.00	GLOBAL MATERNITY CARE
99464	500.00		BIRTH ATTENDANT
J3430	19.95		VITAMIN K1
59409	7050.00	4582.50	VAGINAL DELIVERY ONLY
99344	418.98	272.99	HOME VISIT NEW PATIENT COMPLEX
99343	339.15	220.45	HOME VISIT NEW PATIENT DETAILED

CODE	PRICE	CASH PAY PRICE	DESCRIPTION
99385	524.02	340.61	PRIMARY CARE VISIT NEW PATIENT, 18-39 YRS
J2590	26.60		PITOCIN
99465	1296.75	842.89	NEWBOERN RESUSCITATION
99215	498.75	324.19	ESTABLISHED PATIENT COMPLEX
99463	525.35	341.48	INITIAL NEWBORN EXAM BIRTH CENTER SAME DAY DISCHARGE
99342	312.55	203.16	HOME VISIT NEW PATIENT STRAIGHTFORWARD
99354	332.50	216.13	PROLONGED SERVICE 1ST HR
Q0091	99.75		PAP COLLECTION
99386	524.02	340.61	PRIMARY CARE NEW PATIENT 40-65 YRS
99202	266.00	172.90	NEW PATIENT STRATIGHTFORWARD OFFICE
59426	5852.00	3803.80	PRENATAL CARE 7+ VISITS
96360	403.98	262.59	IV HYDRATION 1ST HR