

# Bray Family Medicine Sliding Fee Discount Program

**SUBJECT:** Sliding Fee Discount Program

**EFFECTIVE DATE:** January 1, 2020

**POLICY:** To make available discount services to those in need.

**PURPOSE:** This program is designed to provide free or discounted medical care to those who have no means, or limited means, to pay for visits with a healthcare provider (uninsured or underinsured).

In addition to quality healthcare, patients are entitled to financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full. The Billing Manager's role is that of patient advocate, that is, one who works with the patient and/or guarantor to find reasonable payment alternatives.

Bray Family Medicine will offer a Sliding Fee Discount Program to all who are unable to pay for their services. Bray Family Medicine will base program eligibility on a person's ability to pay and will not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility. All patients seeking services at Bray Family Medicine are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay.

**PROCEDURE:** The following guidelines are to be followed in providing the Sliding Fee Discount Program.

- 1. Notification:** Bray Family Medicine notifies patients of the Sliding Fee Discount Program by:
  - Payment policy information is provided to all patients before or at the time of service.
  - At registration, new patients receive notification of the Sliding Fee Discount Program.
  - An explanation of the Sliding Fee Discount Program and the application form are available on Bray Family Medicine's website.
  - Notification of the Sliding Fee Discount Program is displayed in the clinic waiting area.
- 2. Request for discount:** Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. Information and forms can be obtained at the reception desk.
- 3. Applicable Services:** The Sliding Fee Discount Program applies only to office visits with a Bray Family Medicine provider (physician, nurse practitioner, physician assistant, or counselor). All other Bray Family Medicine services including lab, injections, and x-rays are offered at set discounted rates for all patients. A detailed list of these fees will be provided to all applicants of this program and will also be available upon request. If any of these additional services are indicated, the exact amount of each additional service will be provided to the patient for their approval before the service is rendered.
- 4. Administration:** The Sliding Fee Discount Program procedure will be administered through the Billing Manager or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided healthcare services.
- 5. Alternative payment sources:** All alternative payment resources must be exhausted, including all third-party payment from insurance(s), federal and state programs.

6. **Completion of Application:** The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. By signing the Sliding Fee Discount Program application, persons authorize Bray Family Medicine access in confirming income as disclosed on the application form. Providing false information on a Sliding Fee Discount Program application will result in all Sliding Fee Discount Program discounts being revoked and the full balance of the account(s) restored and payable immediately.

If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on his/her application adjusted. If a patient does not provide the requested information within the two-week time period, his/her application will be re-dated to the date on which he/she supplies the requested information. Any accounts turned over for collection as a result of the patient's delay in providing information will not be considered for the Sliding Fee Discount Program.

7. **Eligibility:** Discounts will be based on income and family size only. Bray Family Medicine uses the Census Bureau definitions of each.

Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.

Income includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.

8. **Income verification:** Applicants must provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program.

Self-declaration of income may only be used in special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income and why they are unable to provide independent verification. This statement will be presented to the owner of Bray Family Medicine for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of their charges until the appropriate category is determined.

9. **Discounts:** Those with incomes at or below 100% of poverty will receive a full 100% discount for a visit with a provider. These patients will be assessed a \$5.00 - \$12.50 nominal charge per medical visit or a \$9.00 - \$27.00 nominal charge per counseling session. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest Federal Poverty Guidelines.

10. **Nominal Fee:** Patients receiving a full discount will be assessed a \$5.00 - \$12.50 nominal charge per medical visit or a \$9.00 - \$27.00 nominal charge per counseling session; however, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.
11. **Waiving of Charges:** In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges may only be used in special circumstances and must be approved by the owner of Bray Family Medicine. Any waiving of charges will be documented in the patient's electronic medical record along with an explanation.
12. **Applicant notification:** The Sliding Fee Discount Program determination will be provided to the applicant(s) and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with Bray Family Medicine.
13. **Refusal to Pay:** If a patient/responsible party, who has been accepted in the Sliding Fee Discount Program, verbally expresses an unwillingness to pay their portion of the discounted rates or the nominal fee or vacates the premises without paying for services, the patient will receive adequate notifications via email, regular mail or by telephone call regarding their payment obligations. If the patient/responsible party does not make an effort to pay or fails to respond within 60 days, this constitutes refusal to pay and will result in all Sliding Fee Discount Program discounts being revoked. The full balance of the account(s) will be restored, and their account may be referred to a collection agency.
14. **Record keeping:** Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Billing Manager's office to preserve the dignity of those receiving free or discounted care. Applicants who have been approved for the Sliding Fee Discount Program will be logged in the electronic medical record with dates of coverage and percentage of discount. The Billing Manager will maintain a list of Sliding Fee Discount Program applicants. Approvals and denials will be logged.

**Policy and procedure review:** Annually, the amount of Sliding Fee Discount Program provided will be reviewed by the owner of Bray Family Medicine. The SFS will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing possible changes in our policy and procedures and for examining practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

**Budget:** During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue.

**ATTACHMENTS:**

Sliding Fee Schedule  
Discounted fee schedule for other Bray Family Medicine services  
Patient Application for the Sliding Fee Discount Program

APPROVED 1/1/2020

CPT	DESCRIPTION	CHARGE	%	SLIDING FEE	CPT	DESCRIPTION	CHARGE	%	SLIDING FEE
99201	NEW PATIENT--NURSE VISIT	\$30.00	10% + \$2.50	\$5.50	99211	EST PATIENT--NURSE VISIT	\$30.00	10% + \$2.50	\$5.50
99201	NEW PATIENT--NURSE VISIT	\$30.00	20%	\$6.00	99211	EST PATIENT--NURSE VISIT	\$30.00	20%	\$6.00
99201	NEW PATIENT--NURSE VISIT	\$30.00	40%	\$12.00	99211	EST PATIENT--NURSE VISIT	\$30.00	40%	\$12.00
99201	NEW PATIENT--NURSE VISIT	\$30.00	60%	\$18.00	99211	EST PATIENT--NURSE VISIT	\$30.00	60%	\$18.00
99201	NEW PATIENT--NURSE VISIT	\$30.00	80%	\$24.00	99211	EST PATIENT--NURSE VISIT	\$30.00	80%	\$24.00
99201	NEW PATIENT--NURSE VISIT	\$30.00	100%	\$30.00	99211	EST PATIENT--NURSE VISIT	\$30.00	100%	\$30.00
99202	NEW PATIENT OFFICE VISIT	\$75.00	10% + \$2.50	\$10.00	99212	EST PATIENT OFFICE VISIT	\$75.00	10% + \$2.50	\$10.00
99202	NEW PATIENT OFFICE VISIT	\$75.00	20%	\$15.00	99212	EST PATIENT OFFICE VISIT	\$75.00	20%	\$15.00
99202	NEW PATIENT OFFICE VISIT	\$75.00	40%	\$30.00	99212	EST PATIENT OFFICE VISIT	\$75.00	40%	\$30.00
99202	NEW PATIENT OFFICE VISIT	\$75.00	60%	\$45.00	99212	EST PATIENT OFFICE VISIT	\$75.00	60%	\$45.00
99202	NEW PATIENT OFFICE VISIT	\$75.00	80%	\$60.00	99212	EST PATIENT OFFICE VISIT	\$75.00	80%	\$60.00
99202	NEW PATIENT OFFICE VISIT	\$75.00	100%	\$75.00	99212	EST PATIENT OFFICE VISIT	\$75.00	100%	\$75.00
99203	NEW PATIENT OFFICE VISIT	\$75.00	10% + \$2.50	\$10.00	99213	EST PATIENT OFFICE VISIT	\$75.00	10% + \$2.50	\$10.00
99203	NEW PATIENT OFFICE VISIT	\$75.00	20%	\$15.00	99213	EST PATIENT OFFICE VISIT	\$75.00	20%	\$15.00
99203	NEW PATIENT OFFICE VISIT	\$75.00	40%	\$30.00	99213	EST PATIENT OFFICE VISIT	\$75.00	40%	\$30.00
99203	NEW PATIENT OFFICE VISIT	\$75.00	60%	\$45.00	99213	EST PATIENT OFFICE VISIT	\$75.00	60%	\$45.00
99203	NEW PATIENT OFFICE VISIT	\$75.00	80%	\$60.00	99213	EST PATIENT OFFICE VISIT	\$75.00	80%	\$60.00
99203	NEW PATIENT OFFICE VISIT	\$75.00	100%	\$75.00	99213	EST PATIENT OFFICE VISIT	\$75.00	100%	\$75.00
99204	NEW PATIENT OFFICE VISIT	\$75.00	10% + \$2.50	\$10.00	99214	EST PATIENT OFFICE VISIT	\$75.00	10% + \$2.50	\$10.00
99204	NEW PATIENT OFFICE VISIT	\$75.00	20%	\$15.00	99214	EST PATIENT OFFICE VISIT	\$75.00	20%	\$15.00
99204	NEW PATIENT OFFICE VISIT	\$75.00	40%	\$30.00	99214	EST PATIENT OFFICE VISIT	\$75.00	40%	\$30.00
99204	NEW PATIENT OFFICE VISIT	\$75.00	60%	\$45.00	99214	EST PATIENT OFFICE VISIT	\$75.00	60%	\$45.00
99204	NEW PATIENT OFFICE VISIT	\$75.00	80%	\$60.00	99214	EST PATIENT OFFICE VISIT	\$75.00	80%	\$60.00
99204	NEW PATIENT OFFICE VISIT	\$75.00	100%	\$75.00	99214	EST PATIENT OFFICE VISIT	\$75.00	100%	\$75.00
99205	NEW PATIENT OFFICE VISIT	\$100.00	10% + \$2.50	\$12.50	99215	EST PATIENT OFFICE VISIT	\$100.00	10% + \$2.50	\$12.50
99205	NEW PATIENT OFFICE VISIT	\$100.00	20%	\$20.00	99215	EST PATIENT OFFICE VISIT	\$100.00	20%	\$20.00
99205	NEW PATIENT OFFICE VISIT	\$100.00	40%	\$40.00	99215	EST PATIENT OFFICE VISIT	\$100.00	40%	\$40.00
99205	NEW PATIENT OFFICE VISIT	\$100.00	60%	\$60.00	99215	EST PATIENT OFFICE VISIT	\$100.00	60%	\$60.00
99205	NEW PATIENT OFFICE VISIT	\$100.00	80%	\$80.00	99215	EST PATIENT OFFICE VISIT	\$100.00	80%	\$80.00
99205	NEW PATIENT OFFICE VISIT	\$100.00	100%	\$100.00	99215	EST PATIENT OFFICE VISIT	\$100.00	100%	\$100.00
CPT	DESCRIPTION	CHARGE	%	SLIDING FEE	CPT	DESCRIPTION	CHARGE	%	SLIDING FEE
90791	BH DIAGNOSTIC EVAL 90 MIN	\$180.00	15%	\$27.00	90839	PSYTX CRISIS INITIAL 60 MIN	\$150.00	15%	\$22.50
90791	BH DIAGNOSTIC EVAL 90 MIN	\$180.00	20%	\$36.00	90839	PSYTX CRISIS INITIAL 60 MIN	\$150.00	20%	\$30.00
90791	BH DIAGNOSTIC EVAL 90 MIN	\$180.00	40%	\$72.00	90839	PSYTX CRISIS INITIAL 60 MIN	\$150.00	40%	\$60.00
90791	BH DIAGNOSTIC EVAL 90 MIN	\$180.00	60%	\$108.00	90839	PSYTX CRISIS INITIAL 60 MIN	\$150.00	60%	\$90.00
90791	BH DIAGNOSTIC EVAL 90 MIN	\$180.00	80%	\$144.00	90839	PSYTX CRISIS INITIAL 60 MIN	\$150.00	80%	\$120.00
90791	BH DIAGNOSTIC EVAL 90 MIN	\$180.00	100%	\$180.00	90839	PSYTX CRISIS INITIAL 60 MIN	\$150.00	100%	\$150.00
90832	COUNSELING SESSION 30 MIN	\$ 60.00	15%	\$9.00	90840	PSYTX CRISIS EA ADDL 30 MIN	\$ 75.00	15%	\$11.25
90832	COUNSELING SESSION 30 MIN	\$ 60.00	20%	\$12.00	90840	PSYTX CRISIS EA ADDL 30 MIN	\$ 75.00	20%	\$15.00
90832	COUNSELING SESSION 30 MIN	\$ 60.00	40%	\$24.00	90840	PSYTX CRISIS EA ADDL 30 MIN	\$ 75.00	40%	\$30.00
90832	COUNSELING SESSION 30 MIN	\$ 60.00	60%	\$36.00	90840	PSYTX CRISIS EA ADDL 30 MIN	\$ 75.00	60%	\$45.00
90832	COUNSELING SESSION 30 MIN	\$ 60.00	80%	\$48.00	90840	PSYTX CRISIS EA ADDL 30 MIN	\$ 75.00	80%	\$60.00
90832	COUNSELING SESSION 30 MIN	\$ 60.00	100%	\$60.00	90840	PSYTX CRISIS EA ADDL 30 MIN	\$ 75.00	100%	\$75.00
90834	COUNSELING SESSION 45 MIN	\$ 90.00	15%	\$13.50					
90834	COUNSELING SESSION 45 MIN	\$ 90.00	20%	\$18.00					
90834	COUNSELING SESSION 45 MIN	\$ 90.00	40%	\$36.00					
90834	COUNSELING SESSION 45 MIN	\$ 90.00	60%	\$54.00					
90834	COUNSELING SESSION 45 MIN	\$ 90.00	80%	\$72.00					
90834	COUNSELING SESSION 45 MIN	\$ 90.00	100%	\$90.00					
90837	COUNSELING SESSION 60 MIN	\$120.00	15%	\$18.00					
90837	COUNSELING SESSION 60 MIN	\$120.00	20%	\$24.00					
90837	COUNSELING SESSION 60 MIN	\$120.00	40%	\$48.00					
90837	COUNSELING SESSION 60 MIN	\$120.00	60%	\$72.00					
90837	COUNSELING SESSION 60 MIN	\$120.00	80%	\$96.00					
90837	COUNSELING SESSION 60 MIN	\$120.00	100%	\$120.00					

	<b>At or Below 100%</b>	<b>At or Below 125%</b>	<b>At or Below 150%</b>	<b>At or Below 175%</b>	<b>At or Below 200%</b>	<b>Above 200%</b>
<b>FAMILY SIZE</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>	<b>Level 6</b>
1	\$0 - \$12,760	\$12,761 - \$15,950	\$15,951 - \$19,140	\$19,141 - \$22,330	\$22,331 - \$25,520	\$25,521+
2	\$0 - \$17,240	\$17,241 - \$21,550	\$21,551 - \$25,860	\$25,861 - \$30,170	\$30,171 - \$34,480	\$34,481+
3	\$0 - \$21,720	\$21,721 - \$27,150	\$27,151 - \$32,580	\$32,581 - \$38,010	\$38,011 - \$43,440	\$43,441+
4	\$0 - \$26,200	\$26,201 - \$32,750	\$32,751 - \$39,300	\$39,301 - \$45,850	\$45,851 - \$52,400	\$52,401+
5	\$0 - \$30,680	\$30,681 - \$38,350	\$38,351 - \$46,020	\$46,021 - \$53,690	\$53,691 - \$61,360	\$61,361+
6	\$0 - \$35,160	\$35,161 - \$43,950	\$43,951 - \$52,740	\$52,741 - \$61,530	\$61,531 - \$70,320	\$70,321+
7	\$0 - \$39,640	\$39,641 - \$49,550	\$49,551 - \$59,460	\$59,461 - \$69,370	\$69,371 - \$79,280	\$79,281+
8	\$0 - \$44,120	\$49,121 - \$55,150	\$55,151 - \$66,180	\$66,181 - \$77,210	\$77,211 - \$88,240	\$88,241+
For each additional person, add	\$4,480	\$5,600	\$6,720	\$7,840	\$8,960	\$8,960

CPT	INJECTION	FEE	NDC	DOSE	UNIT
90632	HEP A VACCINE, ADULT IM	\$ 82.00			
90657	FLU VACCINE, 3 YRS, IM	\$ 30.00	66521011810	0.25	ML
90658	FLU SHOT	\$ 30.00	66521011810	0.5	ML
90682	FLUBLOK QUAD VACCINE	\$ 50.00	49281071810	0.5	ML
90700	DTAP	\$ 40.00			
90703	TETANUS TOXIOD	\$ 30.00			
90714	TD VACCINE NO PRSRV >/= 7 IM	\$ 42.00	13533013101	0.5	ML
90715	TDAP VACCINE, >7, IM	\$ 50.00	49281040058	0.5	ML
90716	VARICELLA VACCINE, SC	\$ 140.00			
90734	MENINGOCOCCAL VACCINE, MCV4, IM	\$ 150.00			
90744	HEP B VACCINE 0 - 11 YRS	\$ 30.00			
90746	HEP B VACCINE ADULT	\$ 60.00			
95115	ALLERGY INJECTION	\$ 10.00			
96360	IV INFUSION HYDRATE	\$ 100.00			
96372	MED ADMIN. FEE	\$ 10.00			
J0696	ROCEPHIN 250 MG	\$ 20.00	409733701	1	ML
J1030	DEPO MEDROL 40 MG	\$ 10.00			
J1040	DEPO MEDROL 80 MG	\$ 30.00	9030602	1	ML
J1100	DECADRON 4 MG	\$ 10.00	63323016530	1	ML
J1200	BENADRYL 50 MG	\$ 10.00			
J1885	TORADOL 15 MG	\$ 10.00	409379501	1	ML
J1940	LASIX 20 MG	\$ 10.00	409610202	1	ML
J2060	LORAZEPAM	\$ 10.00			
J2270	MORPHINE SULFATE INJECTION	\$ 11.00			
J2550	PHENERGAN TO 50 MG	\$ 10.00	641094835	1	ML
J3301	KENALOG (TRIAMCINOLONE) INJECTION (PER 10 MG)	\$ 7.00	3049420	1	ML

CPT	XRAY	FEE
70110	X-RAY EXAM OF JAW	\$72.00
70150	X-RAY EXAM OF FACIAL BONES	\$80.00
70160	X-RAY EXAM OF NASAL BONES	\$58.00
70200	X-RAY EXAM OF EYE SOCKETS	\$82.00
70220	X-RAY EXAM OF SINUSES	\$68.00
70260	X-RAY EXAM OF SKULL	\$84.00
70330	X-RAY EXAM OF JAW JOINTS	\$84.00
70360	X-RAY EXAM OF NECK	\$48.00
71045	XRAY, CHEST, 1V	\$42.00
71046	CHEST XRAY, 2V	\$60.00
71047	XRAY CHEST 3V	\$74.00
71120	X-RAY EXAM OF BREASTBONE	\$56.00
71130	X-RAY EXAM OF BREASTBONE	\$66.00
72040	X-RAY EXAM OF NECK SPINE	\$72.00
72072	X-RAY EXAM OF THORACIC SPINE	\$70.00
72090	X-RAY EXAM OF TRUNK SPINE	\$92.00
72100	X-RAY EXAM OF LOWER SPINE	\$76.00
72170	X-RAY EXAM OF PELVIS	\$76.00
72220	X-RAY EXAM OF TAILBONE	\$52.00
73000	X-RAY EXAM OF COLLAR BONE	\$52.00
73010	X-RAY EXAM OF SHOULDER BLADE	\$56.00
73030	X-RAY EXAM OF SHOULDER	\$56.00
73050	X-RAY EXAM OF SHOULDERS	\$68.00
73060	X-RAY EXAM OF HUMERUS	\$52.00
73070	X-RAY EXAM OF ELBOW	\$62.00
73090	X-RAY EXAM OF FOREARM	\$48.00
73110	X-RAY EXAM OF WRIST	\$66.00
73130	X-RAY EXAM OF HAND	\$66.00
73140	X-RAY EXAM OF FINGER(S)	\$56.00
73502	X-RAY HIP-IMAGING	\$68.00
73510	X-RAY EXAM OF HIP	\$68.00
73520	X-RAY EXAM OF HIPS	\$76.00
73550	X-RAY EXAM OF THIGH	\$52.00
73552	XRAY OF THIGH	\$52.00
73560	X RAY EXAM OF KNEE, 1 OR 2	\$56.00
73590	X-RAY EXAM OF LOWER LEG	\$48.00
73610	X-RAY EXAM OF ANKLE	\$62.00
73630	X-RAY EXAM OF FOOT	\$58.00
73650	X-RAY EXAM OF HEEL	\$48.00
73660	X-RAY EXAM OF TOE(S)	\$52.00
74018	XRAY, ABDOMEN, 1V	\$48.00
74019	XRAY ABDOMEN, 2V	\$62.00

CPT	LAB	FEE
80074	ACUTE HEPATITIS PANEL	\$ 42.00
84075	ALKALINE, PHOSPHATASE	\$ 8.00
84460	ALT	\$ 8.00
82150	AMYLASE	\$ 12.00
86038	ANA	\$ 16.00
86039	ANTINUCLEAR ANTIBODIES (ANA)	\$ 50.00
83525	ASSAY OF INSULIN	\$ 15.00
84425	ASSAY OF VITAMIN B-1	\$ 30.00
84450	AST	\$ 8.00
82607	B-12	\$ 15.00
80048	BMP	\$ 10.00
83880	BNP	\$ 55.00
86140	C REACTIVE PROTEIN	\$ 10.00
87324	C-DIFF TOXIN A 2	\$ 20.00
86304	CA 125	\$ 24.00
86301	CA 19-9	\$ 40.00
82310	CALCIUM	\$ 8.00
87046	CAMPYLOBACTOR STOOL CULTURE	\$ 5.00
85025	CBC	\$ 10.00
82378	CEA	\$ 17.00
87491	CHLAMYDIA	\$ 25.00
80053	CMP	\$ 12.00
82565	CREATININE	\$ 8.00
87045	CULTURE STOOL	\$ 20.00
87070	CULTURE WOUND	\$ 10.00
87798	DETECT AGENT NOS, DNA, AMP	\$ 62.00
80162	DIGOXIN	\$ 14.00
80305	DRUG SCREEN-URINE	\$ 25.00

CPT	LAB	FEE
82728	FERRITIN	\$ 15.00
87804	FLU A & B	\$ 25.00
82746	FOLATE	\$ 15.00
84481	FREE ASSAY (FT-3)	\$ 10.00
84402	FREE TESTOSTERONE	\$ 30.00
80050	GENERAL HEALTH PANEL	\$ 25.00
82947	GLUCOSE	\$ 5.00
87591	GONORRHEAE	\$ 25.00
87205	GRAM STAIN	\$ 6.00
83036	HB A1C	\$ 15.00
86677	HELICOBACTER PYLORI	\$ 18.00
80076	HEPATIC FUNCTION PANEL	\$ 14.00
87389	HIV 1 & 2	\$ 20.00
86695	HS V1	\$ 19.00
86696	HS V2	\$ 38.00
83540	IRON	\$ 8.00
87210	KOH & WETPREP	\$ 15.00
83615	LDH	\$ 6.00
83655	LEAD	\$ 18.00
83690	LIPASE	\$ 10.00
80061	LIPID PANEL	\$ 10.00
80178	LITHIUM	\$ 10.00
83735	MAGNESIUM	\$ 10.00
86308	MONO	\$ 10.00
87177	O & P	\$ 20.00
82270	OCCULT BLOOD	\$ 8.00
88175	PAP W/ AUTOMATION	\$ 100.00
80185	PHENYTCIN/DILANTIN	\$ 12.00

CPT	LAB	FEE
84100	PHOSPHORUS	\$ 8.00
84132	POTASSIUM	\$ 6.00
81025	PREG TEST URINE	\$ 8.00
84146	PROLACTIN	\$ 14.00
85610	PROTIME	\$ 6.00
84153	PSA	\$ 24.00
83970	PTH	\$ 20.00
85730	PTT	\$ 8.00
84702	QUANT. BHCG	\$ 12.00
86431	RA FACTOR	\$ 12.00
85045	RETIC	\$ 12.00
86592	RPR	\$ 10.00
85652	SED RATE	\$ 6.00
89321	SEMEN ANAL, SPERM DETECTION	\$ 48.00
87427	SHIGA TOXIN STOOL CULTURE	\$ 10.00
88305	SKIN SPECIMEN PATHOLOGY	\$ 150.00
84165	SPEP	\$ 8.00
87880	STREP SCREEN	\$ 12.00
84480	T3	\$ 10.00
84439	T4, FREE	\$ 12.00
86580	TB SKIN TEST	\$ 20.00
87081	THROAT CULTURE	\$ 20.00
83550	TIBC	\$ 15.00
84155	TOTAL SERUM PROTEIN	\$ 8.00
87209	TRICHROME STAIN FOR O&P	\$ 5.00
84443	TSH	\$ 15.00
81001	UA W/ MICRO	\$ 8.00
81002	UA W/OUT MICRO	\$ 6.00
84550	URIC ACID	\$ 8.00
82570	URINE CREATININE	\$ 32.00
87086	URINE CULTURE	\$ 10.00
82043	URINE MICROALBUMIN	\$ 8.00
87186	URINE SENSITIVITIES	\$ 15.00
80164	VALPROIC ACID	\$ 14.00
82306	VIT D 25 OH	\$ 30.00