## **Cash Pay or Non Covered Services**

| *NP-New Patient                               | *EP-Established                    | Patient                          |  |
|---|------------------------------------|----------------------------------|--|
| Level 2 NP, Problem Oriented, one             |                                    |                                  |  |
| problem                                       |                                    | \$70                             |  |
| Level 3 NP, Problem Oriented, low             |                                    | \$90                             |  |
| complexity                                    |                                    | \$90                             |  |
| Level 4 NP, Problem Oriented, moderate        |                                    | \$140                            |  |
| complexity                                    |                                    | \$140                            |  |
| Level 5 NP, Problem Oriented, high complexity |                                    | \$160                            |  |
| ·   |                                    |                                  |  |
| Level 1 EP, Nurse Visit                       | . 1 1                              | \$25                             |  |
| Level 2 EP, Problem Orier                     | ited, very low                     | ¢ 40                             |  |
| complexity                                    |                                    | \$40                             |  |
| Level 3 EP, Problem Oriented, low             |                                    | <b>¢</b> .co                     |  |
| complexity                                    |                                    | \$60                             |  |
| Level 4 EP, Problem Oriented, moderate        |                                    | ¢05                              |  |
| complexity                                    |                                    | \$85                             |  |
| Level 4 EP, Problem Oriented, high            |                                    | \$125                            |  |
| complexity                                    |                                    | \$123                            |  |
| <b>Preventive Visit + Problem Based</b>       |                                    | Office                           |  |
| Visit*  |                                    | Visit + \$65                     |  |
| Sports Physical & Form                        |                                    | \$60                             |  |
|   |                                    |                                  |  |
| Lab Call for Cash pay/Telephone visit         |                                    | \$10                             |  |
| New Patient (NP)                              | Established                        | Patient (EP)                     |  |
| Requires a problem                            | Once per year must have an         |                                  |  |
| oriented visit + \$60 for the                 | "Annual Exam" which                |                                  |  |
| preventive, health                            | includes a problem oriented        |                                  |  |
|   | 1                                  | visit + \$60 for the preventive, |  |
| maintenance portion of the                    | visit + \$60 for                   | 1 7                              |  |
|   | visit + \$60 for<br>health mainter | nance portion                    |  |
| maintenance portion of the                    | visit + \$60 for                   | nance portion                    |  |

## **Office Visits**

\*Typically requires an office visit

| Family Medical Leave                      | \$35      |
|---|-----------|
| Disability Form (short term only)         |           |
| Initial                                   | \$80      |
| Recertification                           | \$35      |
| Assisted Living                           | \$50      |
| Letter Fee (misc pt forms-exercise, work, | \$20/\$30 |
| other)                                    | \$30/\$50 |

## Vaccinations & Injectables

| Herpes Zoster | \$200 |
|---------------|-------|
| Tdap          | \$60  |
| Influenza     | \$30  |
| Pneumococcal  | \$50  |
| Vitamin B12   | \$20  |
| TB testing    | \$10  |

## Procedures

All procedure fees are in addition to fee for office visit

| Pap Smear   | \$30            |
|---|-----------------|
| EKG   | \$20            |
| SVN   | \$15            |
| Albuterol Solution                                  | \$15            |
| Ipratropium Solution                                | \$15            |
| Spirometry  | \$15            |
| Blood Sugar   | \$5             |
| Urinalysis  | \$10            |
| Urine Pregnancy                                     | \$20            |
| Ear Wax Removal                                     | \$20            |
| Skin Biopsy   | \$50/\$75/\$100 |
| Wart/Destruction of Skin<br>Lesion                  | \$50/\$75/\$100 |
| Skin Tag Removal (1-10)                             | \$25            |
| Skin Tag Removal (each additional set of 5 lesions) | \$5             |
| Liquid N2   | \$20            |
| Incision and Drainage of an Abcess                  | \$30            |
| Suture/Staple Removal                               | \$15            |
| Wound Care II/Supplies                              | \$50            |
| Joint Injection/Aspiration<br>(small/large)         | \$60/\$75       |