

In order to be compliant with the Transparency in Health Care Prices Act, our 15 most common services and their prices are as follows:

Code	Description of Service	Price**
81003	URINALYSIS, AUTO, W/O SCOPE	16.09
87880	STREP A ASSAY W/OPTIC	34.11
90636	HEP A/HEP B VACC, ADULT IM	180.20
90674	FLU- QUAD -CCIIV4 VAC NO PRSV 0.5 ML IM	40.00
90715	TDAP VACCINE 7 YRS/> IM	81.10
99203	OFFICE/OUTPATIENT VISIT, NEW	235.59
99204	OFFICE/OUTPATIENT VISIT, NEW	397.20
99205	OFFICE/OUTPATIENT VISIT, NEW	518.76
99213	OFFICE/OUTPATIENT VISIT, EST	157.29
99214	OFFICE/OUTPATIENT VISIT, EST	240.78
99215	OFFICE/OUTPATIENT VISIT, EST	340.59
99395	PREV VISIT, EST, AGE 18-39	216.89
99396	PREV VISIT, EST, AGE 40-64	241.99
J0696	INJ CEFTRIAXONE SODIUM PER 250 MG	5.00/250 MG
J3301	INJ TRIAMCINOLON ACETONID NOS 10 MG	8.36/10 MG

*The listed price for any given health care service is an estimate and the actual charges for the health care service are dependent on the circumstances at the time the service is rendered

**If you are covered by health insurance, you are strongly encouraged to consult with your health insurer to determine accurate information about your financial responsibility for a particular health care service provided by a health care provider at this office. If you are not covered by health insurance, you are strongly encouraged to contact our billing office at 303-321-0222 to discuss payment options prior to receiving a health care service from a health care provider at this office since posted health care prices may not reflect the actual amount of your financial responsibility.