

Self-Pay Cost Estimate

Name of Patient: ______ MR#_____

Date of Service: _____

Welcome

Thank you for choosing Ogden Clinic for your healthcare needs. We are committed to transparency for the cost of healthcare services. As part of this commitment, we are providing an estimate of cost for your healthcare services. Actual costs may be higher or lower, depending on many factors. These factors include changes to treatment choices, actual services provided, any complications that may arise and any other factors considered when determining charges.

Estimates are based on information provided before your visit to Ogden Clinic. Estimates are not a guarantee of the actual cost for the services to be provided to you or are they a contract for the actual amount to be paid.

Estimated Charges

I acknowledge that I/or my dependent is having medical care or receiving medical supplies. I understand that the pricing information below is only an estimate and that additional fees may result during the treatment. I acknowledge that I will be responsible for the actual amount charged based on the services received.

Office Visit Preventive Office Visit	New Patient \$111 to \$254 \$159 to \$237	Existing Patient \$83 to \$182 \$142 to \$195	Varies by complexity Varies by age		
Lab Services Radiology Services Vaccinations IUD Devices Injectibles	See most common services on next page See most common services on next page Varies by vaccine type. \$25 - \$350 per vaccine \$900 - \$1,100 for device See common injectibles on next page				
Guarantor (Please Print)					

Guarantor Signature _____

_____ Date_____

Common Radiology and Lab Services

	CPT Code	Faa	COMMON LABS	CPT Code	Faa
GENERAL XRAYS Chest - 2 view	71046	Fee \$59.00	Basic Metabolic Panel	80048	Fee \$21.00
Ribs / Chest	711040	\$71.00	Comp Metabolic Panel, CBC, TSH Level	80050	\$71.00
Neck Spine 4 view	72050	\$90.00	Comp Metabolic Panel	80053	\$27.00
Lumbar Spine - 2/3 view	72100	\$72.00	Lipid Panel	80061	\$33.00
Lumbar Spine - 4 view	72110	\$92.00	Hepatic Function Panel (ALP,ALT,AST,Dire	80076	\$21.00
Collar Bone	73000	\$52.00	Urinalysis by dip stick Automated	81001	\$8.00
Shoulder	73030	\$59.00	Urinalysis by dip stick Non-Automated	81002	\$8.00
Elbox	73080	\$60.00	Urine Pregnancy Test	81025	\$16.00
Forearm	73090	\$50.00	Urine Microalbumin	82043	\$20.00
Wrist	73110	\$68.00	Vitamin D; 25 Hydroxy	82306	\$73.00
Hand	73130	\$59.00	Creatine Kinase Total	82550	\$17.00
Finger(s)	73140	\$61.00	Creatinine	82570	\$11.00
Hip - 2/3 view	73502	\$90.00	Vitamin B12	82607	\$39.00
Knee - 3 view	73562	\$73.00	Ferritin	82728	\$36.00
Knee - 4 view	73564	\$80.00	Glucose	82950	\$12.00
Lower Leg	73590	\$60.00	Helicobacter Pylori; Urea Breath Test	82950	\$152.00
Ankle	73610	\$60.00	Collection Fee for Helicobacter Pylori Ure		\$152.00
Foot	73630	\$57.00	Glycosylated Hbg A1C	83014	\$20.00
Toe(s)	73660	\$55.00	Blood Iron Test	83540	\$24.00 \$16.00
Abdomon - 1 view	74018	\$53.00	Total Iron Binding Capacity	83550	\$22.00
Abdomen - 2 view	74018	\$64.00		83690	\$22.00 \$17.00
Abdomen (complete)	74019	\$87.00	Lipase	83735	\$17.00
	74022	\$282.00	Magnesium Prostate Specific Antigen	84153	\$23.00 \$46.00
Urography Retrograde KUB	74420	Ş282.00	T4 Free (FT4)	84439	\$40.00
ULTRASOUND			Thyroid Stimulating Hormone (TSH)	84443	\$42.00
Head and Neck	76536	\$236.00	Uric Acid Blood Test	84550	\$42.00 \$11.00
	76641	\$207.00	CBC (Complete Blood Count w/Auto Diffe	85025	\$14.00
Breast (complete) Adbdomen (complete)	76700	\$239.00	Prothrombin Time	85610	\$14.00 \$10.00
Abdomen	76705	\$239.00 \$211.00	Sedimentation rate, erythrocyte	85651	\$10.00
Rretroperitoneal	76770	\$226.00	C-Reactive Protein	86140	\$12.00
Limited Fetus OB	76815	\$176.00	Rubella Antibodies	86762	\$12.00
Transvaginal OB	76815	\$199.00	Syphilis Antibody	86780	\$26.00
-	76830	\$214.00	RBC Screening for RBC Antibodies	86850	\$20.00 \$45.00
Transvaginal Non-OB Pelvic	76856	\$241.00	Blood Type (O, A, B, or AB)	86900	\$43.00 \$12.00
Scrotum	76870	\$201.00	Blood Type Pos+ or Neg-	86901	\$12.00
	76872	\$315.00	Bacterial Culture	87070	\$12.00
Transrectal	/08/2	\$313.00	Culture Screening presumptive pathogeni		\$28.00 \$15.00
MAMMOGRAPHY			Urine Culture Colony count	87081	\$15.00 \$20.00
Diagnostic, including CAD, unilateral	77065	\$227.00	Urine Culture organisms ID	87088	\$20.00 \$18.00
Diagnostic, including CAD; bilateral	77065	\$287.00	Antimicrobial Susceptibility Studies	87088 87186	\$18.00
Screening, including CAD; bilateral	77067	\$235.00	· · · · · · · · · · · · · · · · · · ·	87280	\$21.00 \$30.00
Screening, including CAD, bilateral	//00/	\$255.00	RSV Antigen Test COVID + Flu A and B	87280	\$100.00
Computed Tomography (CT)			Chlyamydia Test	87428 87491	\$100.00
Abdomen and Pelvis w contrast	74177	\$840.00	Gonorroeae Test	87591	\$67.00 \$67.00
Head and Neck	70486	\$445.00	Flu A and B Rapid Antigen Test	87804	\$30.00
Abdomen and Pelvis w/o contrast	74176	\$407.00	Streptococcus, group A Rapid Antigen Test	87880 87880	\$30.00
Abdomen and Pelvis w/o & w contrast	74178	\$1,061.00	Prostate Specific Antigen Test	G0103	\$30.00 \$40.00
3D rendering w Interpretation	76377	\$226.00	Vaginosis Panel	Multiple	\$120.00
	71260	\$220.00 \$564.00	Vagillosis Pallel	multiple	\$120.00
Thorax w contrast	/1200	Ş504.00			
Magnetic Resonance Imaging (MRI)			OTHER DRUGS AND INJECTIBLES		
Brain Stem w/o contrast	70551	\$900.00	Botox A - 200 Units	J0585	\$2,200.00
Brain Stem w/o & w contrast	70553	\$1,550.00	Denosumab/Prolia - 60 mg dose	J0897	\$1,320.00
Neck Spine w/o contrast	72141	\$844.00	Leuprolide - 22.5 mg dose	J9217	\$1,350.00
Lumbar Spine w/o contrast	72148	\$860.00	Synvisc One - 48mg dose	J7325	\$1,392.00
Upper Extremity w/o contrast	73221	\$860.00	Denosumab/Prolia - 60 mg dose	J0897	\$1,320.00
Upper Extremity w contrast	73222	\$982.00	-		, , ======
Lower Extremity w/o constrast	73721	\$875.00			
Lower Extremity w contrast	73722	\$987.00			