



PATIENT PRICE LIST

In the healthcare industry, typically every hospital and medical office have two distinct prices for procedures; one for patients with insurance and a reduced charge for those without insurance. The price list below has both the charge for those who have insurance and the reduced charge for patients who do not have insurance. If you do have insurance, please note your final cost will depend on your type of insurance, contractual reimbursement rates, deductible, copay, and coinsurance.

Urgent Care Visits- Established Patients	Insured	Uninsured
99212 - Level 2 Established Office Visit	\$99.00	\$40.00
99213 - Level 3 Established Office Visit	\$149.00	\$70.00
99214 - Level 4 Established Office Visit	\$199.00	\$90.00
99215 - Level 5 Established Office Visit	\$249.00	\$100.00
Urgent Care Visits-New Patients	Insured	Uninsured
99201 - Level 1 NP Office Visit	\$69.00	\$40.00
99202 - Level 2 NP Office Visit	\$119.00	\$75.00
99203 - Level 3 NP Office Visit	\$179.00	\$100.00
99204 - Level 4 NP Office Visit	\$259.00	\$125.00
99205 - Level 5 NP Office Visit	\$329.00	\$150.00

Well Child Physical Exams-Established Patients	Insured	Uninsured
99391 - 1 day-11 Months	\$180.00	\$90.00
99392 - 12 Months – 4 years	\$190.00	\$90.00
99393 - 5 Years – 11 Years	\$190.00	\$90.00
99394 - 12 Years-17 Years	\$210.00	\$100.00
99395 - 18 Years +	\$220.00	\$110.00
Well Child Physical Exams- New Patients	Insured	Uninsured
99381- 1 day-11 Months	\$200.00	\$100.00
99382 - 12 Months- 4 Years	\$220.00	\$100.00
99383 - 5 Years – 11 Years	\$220.00	\$100.00
99384 - 12 Years – 17 Years	\$240.00	\$125.00
99385 - 18 Years +	\$209.00	\$125.00
Vaccines/Injections	Insured	Uninsured
90474 - Oral Vaccine	\$25.00	\$10.00
90473 - Oral Vaccine	\$30.00	\$10.00
90471 - Vaccine Administration	\$30.00	\$10.00
90472 - Vaccine Administration 2 or more	\$25.00	\$10.00
96372 - Therapeutic Prophylactic Injection	\$40.00	\$20.00
J0696 /96372 Rocephin Injection	\$40.00	\$25.00
**No charge for any vaccine serum, but there is a charge for the		
administration of the vaccine. (See above)		

*Please note that this is not a complete fee schedule. Prices listed are for the most common types of healthcare services provided by this practice.

Reports related to healthcare facility and professional payments for services rendered to Maine residents can be found at: http://gateway.maine.gov/MHDO/healthcost/Default.aspx

Other Procedures	Insured	Uninsured
87880 - Rapid Strep Test	\$20.00	\$15.00
87804 - Rapid Influenza Test	\$20.00	\$15.00
87807 - Rapid RSV Test	\$20.00	\$15.00
81003 - Urine Dip	\$10.00	\$5.00
82271 - Blood Occult	\$10.00	\$5.00
17110 - Wart Removal	\$189.00	\$80.00
69210 - Cerumen Removal (Earwax	\$80.00	\$50.00
removal)		
69200 - Foreign Body Removal Ear	\$160.00	\$100.00
30300 - Foreign Body Removal	\$300.00	\$100.00
Nose		
10060 - I & D of Abscess	\$200.00	\$100.00
51701 - Insertion of Bladder Cath.	\$90.00	\$50.00
17250 - Silver Nitrate	\$130.00	\$50.00
94640/J7615 Nebulizer Treatment/	\$30.00	\$25.00
Medication		
94664 - Nebulizer Teaching	\$30.00	\$15.00
94760 – Pulse Ox Single	\$5.00	\$3.00
94761 - Pulse Ox Multiple	\$10.00	\$5.00
85018/36416 Hemoglobin/Capillary	\$15.00	\$10.00
Blood Draw		
82947 /36416 Glucose/Capillary	\$20.00	\$10.00
Blood Draw		
80061/36416 Lipid Panel/Capillary	\$35.00	\$25.00
Blood Draw		
83036/36416 Hemoglobin	\$30.00	\$20.00
glycosylated A1C/Cap Blood Draw		
83655/36416 Lead Screening/Cap	\$40.00	\$20.00
Blood Draw		
85025/36416 Comp CBC w/Auto	\$30.00	\$20.00
Diff WBC/Cap Blood Draw	4.0.00	4.0.00
96110 – Developmental Test	\$20.00	\$20.00
94010 – Spirometry	\$60.00	\$30.00
D1206 - Fluoride Varnish	\$20.00	\$12.00
A4616 - Tubing Oxygen	\$5.00	\$2.50
99174 – Vision Screening	\$20.00	\$10.00
92587-Hearing Screening	\$40.00	\$20.00

Hospital Charges	Insured	Uninsured
99480 - Subsequent Intensive Care	\$190.00	\$95.00
99223 - Initial Hospital Care Level 3	\$319.00	\$150.00
99232- Subsequent Hospital Care Level 2	\$119.00	\$55.00
99463-Same Day Admit/Discharge	\$200.00	\$100.00
99238 - Hospital Discharge	\$130.00	\$60.00
99462 - Newborn Daily Visit	\$79.00	\$40.00
99460 - Newborn Care	\$180.00	\$85.00
99464 - Attendance at Delivery	\$129.00	\$65.00