



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	\$119.00	\$40.00
99213 - Level 3 Established Office Visit	\$189.00	\$70.00
99214 - Level 4 Established Office Visit	\$249.00	\$90.00
99215 - Level 5 Established Office Visit	\$279.00	\$100.00
Urgent Care Visits-New Patients	Insured	Uninsured
99201 - Level 1 NP Office Visit	\$89.00	\$40.00
99202 - Level 2 NP Office Visit	\$139.00	\$75.00
99203 - Level 3 NP Office Visit	\$199.00	\$100.00
99204 - Level 4 NP Office Visit	\$279.00	\$125.00
99205 - Level 5 NP Office Visit	\$349.00	\$150.00
Well Child Physical Exams-Established Patients	Insured	Uninsured
99391 - 1 day-11 Months	\$200.00	\$90.00
99392 - 12 Months – 4 years	\$219.00	\$90.00
99393 - 5 Years – 11 Years	\$219.00	\$100.00
99394 - 12 Years-17 Years	\$230.00	\$100.00
99395 - 18 Years +	\$240.00	\$110.00
Well Child Physical Exams- New Patients	Insured	Uninsured
99381- 1 day-11 Months	\$220.00	\$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 +	\$240.00	\$125.00
Vaccines/Injections	Insured	Uninsured
90474 - Oral Vaccine	\$39.00	\$10.00
90473 - Oral Vaccine	\$43.00	\$10.00
90471 - Vaccine Administration	\$43.00	\$10.00
90472 - Vaccine Administration 2 or more	\$39.00	\$10.00
96372 - Therapeutic Prophylactic Injection	\$45.00	\$20.00
J0696 /96372 Rocephin Injection	\$45.00	\$25.00
**No charge for any vaccine serum, but there is a charge for the administration of the vaccine. (See above)		

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
17110 - Wart Removal	\$189.00	\$80.00
82271-Blood Occult	\$10.00	\$50.00
69210 - Cerumen Removal (Earwax removal)	\$80.00	\$50.00
69200 - Foreign Body Removal Ear	\$160.00	\$100.00
30300 - Foreign Body Removal Nose	\$300.00	\$100.00
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/ Medication	\$40.00	\$25.00
94664 - Nebulizer Teaching	\$30.00	\$15.00
94760 – Pulse Ox Single	\$5.00	\$3.00
94761 - Pulse Ox Multiple	\$15.00	\$5.00
85018/36416 Hemoglobin/Capillary Blood Draw	\$15.00	\$10.00
82947 /36416 Glucose/Capillary Blood Draw	\$20.00	\$10.00
80061/36416 Lipid Panel/Capillary Blood Draw	\$35.00	\$25.00
83036/36416 Hemoglobin glycosylated A1C/Cap Blood Draw	\$30.00	\$20.00
83655/36416 Lead Screening/Cap Blood Draw	\$40.00	\$20.00
85025/36416 Comp CBC w/Auto Diff WBC/Cap Blood Draw	\$30.00	\$20.00
96110 – Developmental Test	\$25.00	\$10.00
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	\$45.00	\$20.00

*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://fateway.maine.gov/MHDO/healthcost/default.aspx>

Revised 01/07/2026