



FEE SCHEDULE

PATIENT NAME:

PATIENT ID:

SERVICE	FEE
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PROVIDER VISIT (CODE)

Provider Office Visit	\$125.00
Provider Virtual Visit	\$75.00

PHYSICAL EXAMINATIONS (NO CODE)

Sports Physical (IHSA only)	\$75.00
General Physical	\$125.00
Pre-Employment Physical	\$125.00
DOT Physical	\$125.00

MEDICATIONS/VACCINES

Ceftriaxone 500mg (J0696)	\$10.00
Ceftriaxone 1g (J0696)	\$20.00
Ketorolac 15mg (J1885)	\$10.00
Ketorolac 30mg (J1885)	\$20.00
Ondansetron 4mg ODT (S0119)	\$5.00
Ondansetron 4mg IM (J2405)	\$10.00
Dexamethasone 4mg IM (J1100)	\$20.00
Methylprednisolone 40mg IM (J1010)	\$20.00
Methylprednisolone 80mg IM (J1010)	\$40.00
Tdap Vaccine (90715)	\$75.00
Influenza Vaccine (90661)	\$40.00
Hep B Vaccine (90746)	\$80.00
In-House Medication Prescriptions	\$20.00

OTHER PROCEDURES

X-Ray Imaging (Per X-Ray Order)	\$100.00
Albuterol Nebulizer Treatment (J7613)	\$30.00
Spirometry (94010)	\$50.00
Electrocardiogram (EKG) (93000)	\$20.00
Cerumen Removal (69209, 69210)	\$30.00
Laceration Repair (all related CPT codes)	\$150.00
Incision & Drainage (10060, 10061)	\$150.00
**Suture/Staple Removal (15853)	\$0.00

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IN-HOUSE TESTING

PPD TB Skin Test (86580)	\$25.00
COVID-19 Rapid Ag (87426)	\$25.00
Influenza A and B (87804)	\$25.00
RSV Rapid Ag (87807)	\$25.00
Rapid Strep Ag (87880)	\$25.00
Mononucleosis Heterophile Ab (86308)	\$25.00
Urine Pregnancy Test (81025)	\$10.00
Urine Dipstick Auto w/out Scope (81003)	\$10.00

SEND-OUT TESTING (LABCORP)

QuantiFERON TB Gold Test (182879)	\$75.00
Ct, Ng, Trich Vag by NAA (183160)	\$100.00
Chlamydia/GC Amplification (183194)	\$60.00
*Comprehensive Metabolic panel (322000)	\$25.00
*Basic Metabolic Panel (322758)	\$20.00
*Hemoglobin A1C (001453)	\$20.00
Lipid Panel (303756)	\$20.00
CBC With Diff/Platelet (005009)	\$20.00
C-Reactive Protein, Quantitative (006627)	\$25.00
Sedimentation Rate (005215)	\$20.00
PT & PTT (020321)	\$25.00
Testosterone, Total & Direct (140103)	\$30.00
Urine Culture, Routine (008847)	\$30.00
Serum Pregnancy Test (004416)	\$20.00

NO ADDITIONAL FEES FOR VENIPUNCTURE OR ADMINISTRATION OF TREATMENT!

* = In-house testing available.

** = Included with provider office visit.

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