

MEDICAL SERVICES	
Sliding Fee Discount Category	
A	\$25 nominal fee
B	\$35 fee
C	\$45 fee
D	\$65 fee
E	\$90 fee
F	Full fee - please see table below for fee information.

SERVICE	CODE	MAXIMUM PRICE
Office visit, new patient	99202, 99203, 99204, 99205	\$490
Office visit, established patient	99212, 99213, 99214, 99215	\$345
Preventative annual exam, adult (18+), new patient	99385, 99386, 99387	\$490
Preventative annual exam, adult (18+), established patient	99395, 99396, 99397	\$335
Well child exam (17 and younger, doesn't include vaccinations), new patient	99381, 99382, 99383, 99384	\$360
Well child exam (17 and younger, doesn't include vaccinations), established patient	99391, 99392, 99393, 99394	\$280
Registered nurse, established patient	99211	\$50
Registered dietitian	97802, 97803, 97804, G0108, G0109	\$90
Retinal scan	92250	\$80
IUD or Nexplanon insertion or removal	58300, 58301, 11981, 11982, 11983	\$610
OB global package (prenatal care, delivery, postpartum care)	59400-59430	\$5,360
Actual prices may be less than the maximum price but will not exceed the maximum for the codes listed.		