

Self Pay Fee Schedule	Date:
Patient:	ID:
Office visit	\$150
Follow up	50
Joint Injection and/or aspiration- sm	75
Joint Injection and/or aspiration- med	100
Joint Injection and/or aspiration- lg	150
Alcohol Test	50
Basic Metabolic Profile	50
Camp/Sports Physical (add forms \$5)	50
Casting- LE	125
Casting- UE	75
CBC	50
Covid- Rapid Antigen/Antibody	60
Covid- Inhouse PCR	170
Covid/Flu Rapid Combo	100
Cryotherapy (per)	75
Dermabond	60
DOT physical (with card)	80
Ear Wash (per ear)	50
EKG	50
Flu Test	80
Flu Vaccine (4yrs and older)	40
Flu Vaccine (6 mos- 4 yrs)	50
Foreign Body Removal	75
Hep B Vaccine	145
I&D Abscess, per	125
Injections/ Steroid	60 / 80
IV fluids	100
IV additional liters	50
Jet Nebulizer/Albuterol	50
Jet Nebulizer/Albuterol w/ O2	100
Lab Handling	15
Meningitis Vaccine	160
MonoSpot	35
Nasal Packing	55
Oral Meds	5
Pregnancy UA	25
PT/INR	50
RSV Test	60
Splinting- LE	100
Splinting- UE	75
Strep	30
GENEX strep	60
Suture removal (done elsewhere)	25
Suturing < 3 cm	125
Suturing 3 - 6 cm	175
Suturing > 6 cm	225
TB Test	35
Tdap Vaccine	90
Ultrasound, limited/complete	75 / 150
Urinalysis	25
Urine Drug Screen 10 Panel	50
XRAY	75
PRP Small Kit	500
PRP Large Kit	750
Bone Marrow Kit	2000
Other:	

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