

# Price Disclosure

**UPDATED 06/01/23** - The information contained in this list is current as of the last upload. This information is subject to periodic changes and the file(s) will be updated and posted as soon as practically possible.

**Charges:** It is important to understand the distinction between two different types of charges prevalent in the healthcare industry. The first is “gross charge” that relates to the established prices that are billed to all patients regardless of insurance or health care coverage. The second is “negotiated charge” or prices the insurance companies and payers have agreed to pay for services (also known as the “contracted rate”). A patient with insurance or coverage typically is responsible for a portion of the negotiated charge which will vary based on benefits that are provided by the insurance companies and payers. The portion of the charge that a patient will pay for services is called the “out-of-pocket” expense (often as a copay, deductible amount, or co-insurance). For specific information on the “negotiated charge” or price your insurance carrier allows you should contact your insurance carrier directly.

Code	Description	Gross Charge
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## MINOR SURGERY/INJECTIONS

20610	INJECT/DRAIN JOINT/BURSA MAJOR	\$220.00
55250	VASECTOMY	\$880.00
11200	SKIN TAG REMOVALS (UP TO 15)	\$170.00
11400	MOLE REMOVALS (NON CANCER BASED ON SIZE) WILL SEND TO A LAB -SEPARATE FEE	\$200.00 TO \$730.00

## XRAYS - DONE AT CNY FAMILY CARE

71046	X-RAY CHEST 2 VIEWS	\$90.00
72100	X-RAY SPINE, LUMBOSACRAL;TWO OR THREE VIEWS	\$80.00
72110	X-RAY SPINE LUMBOSACRAL COMPLETE W/OBLIQUE VIEWS	\$115.00
73030	X-RAY SHOULDER COMPLETE	\$90.00
73564	X-RAY - KNEE COMPLETE 4 OR MORE VIEWS	\$90.00
73630	X-RAY FOOT COMPLETE	\$75.00

## LABS - DONE AT CNY FAMILY CARE

36415	VENIPUNCTURE ROUTINE	\$25.00
82150	AMYLASE	\$20.00
80048	Basic Metabolic	\$20.00
87480	CANDIDA BY DNA/RNA, DIRECT PROBE	\$45.00
87491	CHLAMYDIA TRACHOMATIS BY DNA/RNA, AMPLIFIED PROBE	\$71.00
80053	COMPREHENSIVE METABOLIC	\$50.00
84681	C-PEPTIDE	\$56.00
82550	CREATINE KINASE (CK) (CPK) TOTAL	\$25.00
82728	FERRITIN	\$37.00
82746	FOLIC ACID SERUM	\$37.00
84439	FREE T4	\$28.00
87510	GARDNERELLA VAGINALIS BY DNA/RNA, DIRECT PROBE	\$45.00
80050	GENERAL HEALTH PANEL	\$75.00
83036	HEMOGLOBIN GLYCATED	\$25.00
85025	HEMOGRAM PLATELET COUNT AUTOMATED, WBC COUNT COMPLETE AUTOMATED	\$30.00
82274	HEMOSURE IFOB TEST	\$40.00
80076	HEPATIC FUNCTION PANEL	\$20.00
83540	IRON	\$20.00
83690	LIPASE	\$25.00

80061	LIPID PANEL	\$35.00
83721	LIPOPROTEIN=TRIGLYCERIDES ELEVATED	\$20.00
83735	MAGNESIUM	\$25.00
82044	MICROALBUMIN URINE SEMIQUANTITATIVE	\$17.00
87591	NEISSERIA GONORRHOEAE BY DNA/RNA, AMPLIFIED PROBE	\$71.00
84153	PROSTATE SPECIFIC ANTIGEN (PSA) TOTAL	\$65.00
85610	Prothrombin Time	\$15.00
85652	SEDIMENTATION RATE, ERYTHROCYTE AUTOMATED	\$10.00
84403	TESTOSTERONE TOTAL	\$60.00
85730	THROMBOPLASTIN TIME PARTIAL (PTT) PLASMA OR WHOLE BLOOD	\$22.00
84443	THYROID STIMULATING HORMONE (TSH)	\$40.00
87660	TRICHOMONAS VAGINALIS, DIRECT PROBE TECHNIQUE	\$45.00
84481	TRIIODOTHYRONINE T3; FREE	\$40.00
84484	TROPONIN I	\$30.00
84550	URIC ACID BLOOD	\$17.00
81001	URINALYSIS W/MICROSCOPY AUTOMATED	\$15.00
82607	VITAMIN B-12	\$35.00
82306	VITAMIN D 25 HYDROXY, INCLUDES FRACTION(S) IF PERFORMED	\$70.00

### VACCINES, INJECTIONS AND ADMINISTRATIONS

90460	Immunization Administration thru 18 yrs w/counseling	\$60.00
90461	Immunization Administration; each additional vaccine	\$55.00
90471	IMMUNIZATION ADMINISTRATION SINGLE OR COMBINATION	\$60.00
G0008	ADMINISTER INFLUENZA VIRUS VACCINE	\$55.00
G0009	ADMINISTER PNEUMOCOCCAL VACCINE	\$55.00
90662	FLU,HIGH DOSE FOR (AGES 65 and older)	\$70.00
90670	PNEUMOCOCCAL VACCINE - PREVNAR 13	\$255.00
90686	FLU PRESERVATIVE FREE(AGE 6MO AND UP) 0.5 ML SYRINGE QUAD	\$25.00
90688	FLU, MULTI-DOSE VIAL W/PRESERVATIVE (AGE 6MO AND UP)QUAD 0.5	\$25.00
90715	ADACEL - TDAP	\$55.00
90732	PNEUMOCOCCAL 23 VACCINE	\$135.00
96372	ADMIN FEE FOR THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION	\$65.00
90714	TETANUS/DIPHTHERIA SHOT (NOT COVERD BY MEDICARE)	\$50.00

### OFFICE VISITS

99051	SERVICES PROVIDED IN EVENING,WKN	\$25.00
99203	NEW PATIENT OFFICE/OUTPATIENT LOW MDM	\$185.00
99204	NEW PATIENT OFFICE/OUTPATIENT MEDIUM MDM	\$275.00
99205	NEW PATIENT OFFICE/OUTPATIENT HIGH MDM	\$350.00
99212	OFFICE/OUTPATIENT ESTABLISHED SF (STRAIGHT FORWARD) MDM	\$95.00
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM	\$130.00
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM	\$180.00
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM	\$250.00
99393	PREVENTIVE EST PT VISIT 5-11 YRS	\$175.00
99394	PREVENTIVE EST PT VISIT 12-17 YRS	\$195.00
99395	PREVENTIVE EST PT VISIT 18-39 YRS	\$210.00
99396	PREVENTIVE EST PT VISIT 40-64 YRS	\$215.00
99397	PREVENTIVE EST PT VISIT >64 YRS	\$225.00

### ADDITIONAL CHARGES

93000	ELECTROCARDIOGRAM COMPLETE	\$75.00
93793	ANTICOAGULANT MGMT FOR PATIENT TAKING WARFARIN, INC REVIEW INTR	\$50.00
96127	BRIEF EMOTIONAL/BEHAV ASSESSMENT W/ SCORING DOC PER STANDARD INST	\$50.00
	Forms requested to be completed by Physicians: Family Medical Leave [FMLA], Paid Family Leave [PFL], Disability form [personal or employer], Adoption form(s), Foster form(s), Life Insurance form(s), Patient Drug Assistance Program form(s), DMV: Disability	\$20.00 1st form, \$10.00 each additional