

**FEE SCHEDULE (Special pricing billed to Student Accounts)**

REV 11/13/19

CODE	DESCRIPTION	COST
<b>MEDICATIONS</b>		
MED83	ACYCLOVIR/ZOVIRAX 400MG/#15	\$8.00
MED02	ALBUTEROL INHALER/VENTOLIN HFA (60) 8GM	\$44.00
MED07	AMOXICILLIN 500MG/#30	\$15.00
MED85	AMOX-POT-CLAV/AUGMENTIN 875-125/#20	\$40.00
A9150O	ANTACID, LIQUID 12OZ	\$9.00
MED67	AZITHROMYCIN/ZITHROMAX 250MG/#6	\$25.00
MED109	AZITHROMYCIN/ZITHROMAX 500MG/#2	\$30.00
MED98	BENZONATATE/TESSALON 100MG/#20	\$13.00
J0696	CEFTRIAZONE/ROCEPHIN INJ 250MG	\$15.00
J0696A	CEFTRIAZONE/ROCEPHIN INJ 500MG	\$25.00
J0702	CELESTONE 1ML INJ	\$14.00
MED17	CEPHALEXIN/KEFLEX 500MG/#28	\$15.00
MED78	CIPROFLOXACIN 500MG/#6	\$10.00
MED79	CIPROFLOXACIN 500MG/#14	\$16.00
MED93	CITALOPRAM/CELEXA 20MG/#30	\$13.00
A9150I	CLOTTRIMAZOLE CR 1%/15G	\$6.00
A9150B	CLOTTRIMAZOLE-7 CR/45G	\$10.00
MED114	CYCLOBENZAPRINE/FLEXERIL 10MG/#21	\$10.00
A9150J	DIPHENHYDRAMINE AF ELIXIR/4 OZ	\$6.00
A9150M	DIPHENHYDRAMINE 25MG/#24	\$7.00
MED27	DOXYCYCLINE HCL 100MG/#14	\$15.00
MED28	DOXYCYCLINE HCL 100MG/#20	\$20.00
MED112	ESCITALOPRAM/LEXAPRO 10MG/#30	\$12.00
MED134	FAMOTIDINE/PEPCID 10MG/#30	\$6.00
MED77	FLUCONAZOLE/DIFLUCAN 150MG/#1	\$12.00
MED132	HYDROXYZINE HCL 25MG/#10	\$5.00
MED62	KETOROLAC 30MG, 1ML INJ	\$15.00
MED131	KETOROLAC 60MG, 2ML INJ	\$30.00
MED70	LIDOCAINE 2%, VISCOUS, 100ML	\$7.00
MED90	LIDOCAINE GARGLE	\$23.00
A9150F	LOPERAMIDE #12	\$7.00
A9150N	LORATADINE/CLEAR-ATADINE 10MG/#30	\$6.00
MED44	METRONIDAZOLE/FLAGYL 500MG/#14	\$14.00
MED129	NAPROXEN/ANAPROX 500MG/#20	\$10.00
94640	NEBULIZED ALBUTEROL	\$25.00
MED123	NITROFURANTOIN/MACROBID 100MG/#10	\$25.00
MED115	ONDANSETRON/ZOFRAN 4MG/#6	\$12.00
MED75	OSELTAMIVIR/TAMIFLU 75MG/#10	\$135.00
A9150Q	OXYMETAZOLINE/AFRIN NASAL SPRAY30ML	\$7.00
MED48	PENICILLIN VK 250MG/#40	\$10.00
MED49	PERMETHRIN CR 5%/60G	\$67.00
A9150P	PHENAZOPYRIDINE/PYRIDIUM 97.5MG/12	\$7.00
MED127	PREDNISONE 10MG/#14	\$11.00
MED128	PREDNISONE 10MG/#20	\$11.00
MED51	PREDNISONE 10MG/#30	\$12.00
MED68	SERTRALINE/ZOLOFT 100MG/#30	\$12.00
S8100	SPACER, FOR INHALER	\$18.00
MED57	SULFA/TRIMETH #6	\$8.00
MED58	SULFA/TRIMETH #14	\$10.00
MED59	SULFA/TRIMETH #20	\$12.00
MED104	SUMATRIPTAN/IMITREX 100MG/#9	\$25.00
MED108	TOBRAMYCIN 0.3%/5ML OPHTH SOLN	\$15.00
MED65	TRIAMCINOLONE/KENALOG CR 0.1%/15G	\$8.00
MED64	TRIAMCINOLONE 1ML INJ	\$16.00

CODE	DESCRIPTION	COST
<b>FAMILY PLANNING</b>		
J8499X	CRYSSELLE	\$30.00
96372B	DEPO-PROVERA INJ, ADMIN, PT SUPPLIES MED	\$10.00
J1050	DEPO-PROVERA, 150MG/ML PER INJ (150 UNITS)	\$100.00
A4266	DIAPHRAGM	\$70.00
57170	DIAPHRAGM FITTING	\$30.00
J8499AN	E-CONTRA EZ (SAME AS NEXT CHOICE)	\$20.00
J8499AL	ELLA	\$60.00
58300	IUD INSERTION / UTERINE SOUNDING	\$95.00
J7297	IUD LILETTA	\$485.00
J7298	IUD MIRENA	\$885.00
J7300	IUD PARAGARD	\$900.00
58301	IUD REMOVAL	\$25.00
J7301	IUD SKYLA	\$740.00
J7307	NEXPLANON (DRUG ONLY)	\$900.00
11981	NEXPLANON INSERTION	\$60.00
11982	NEXPLANON REMOVAL	\$60.00
11983	NEXPLANON REMOVAL W/ REINSERTION	\$90.00

<b>EQUIPMENT</b>		
29799	ANKLE COMPRESSION WRAP	\$12.00
L0120	CERVICAL COLLAR	\$10.00
L3660	CLAVICLE STRAP	\$26.00
99070D	COLD/HOT PACK	\$4.00
E0116	CRUTCHES, IF NOT RETURNED IN 2 WKS	\$50.00
99070I	ELASTIC BANDAGE WRAP 2"	\$7.00
99070J	ELASTIC BANDAGE WRAP 3"	\$8.00
99070K	ELASTIC BANDAGE WRAP 4"	\$10.00
99070L	ELASTIC BANDAGE WRAP 6"	\$11.00
99070F	HEEL CUP	\$12.00
99070P	LIGHT BOX 30 DAY DEPOSIT	\$100.00
99070Q	LIGHT BOX PURCHASED IF NOT RETURNED	\$535.00
L1820	PATELLA STABILIZER	\$52.00
99070G	PEAK FLOW METER	\$40.00
L0210	RIB BELT	\$15.00
99070B	SHOE, ORTHOPEDIC	\$27.00
A4565	SLING	\$13.00
A4570A	SPLINT, ANKLE, AIRCAST	\$53.00
A4570B	SPLINT, ANKLE, SOFT SIDED	\$47.00
A4570F	SPLINT, FINGER, ALL TYPES OF	\$8.00
A4570G	SPLINT, KNEE, UNIVERSAL 18"	\$37.00
A4570H	SPLINT, KNEE, UNIVERSAL 20"	\$39.00
A4570I	SPLINT, KNEE, UNIVERSAL 22"	\$42.00
A4570K	SPLINT, RYNOLACER	\$37.00
A4570C	SPLINT, SHOULDER IMMOBILIZER	\$37.00
A4570L	SPLINT, WALKING BOOT	\$85.00
A4570M	SPLINT, WALKING BOOT, MID-CALF	\$82.00
A4570E	SPLINT, WRIST FREE HAND	\$21.00
A4570D	SPLINT, WRIST LACER	\$27.00

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<b>PROCEDURES</b>		
69005A	AURICULAR HEMATOMA I&D W/ SUTURE	\$85.00
58100	BIOPSY ENDOMETRIAL	\$85.00
11102	BIOPSY SKIN LESION, PATH FEE NOT INCLUDED	\$50.00
19000	BREAST CYST ASPIRATION	\$37.00
29085	CAST ON, GAUNTLET	\$85.00
29075	CAST ON, SHORT ARM	\$75.00
29700	CAST REMOVAL, APPLIED ELSEWHERE	\$35.00
16020A	DEBRIDEMENT, SIMPLE	\$35.00
16020B	DEBRIDEMENT, EXTENSIVE	\$50.00
17110	DESTR, SKIN LESION, PER VISIT	\$20.00
11200	DESTR, SKIN TAGS, PER VISIT	\$20.00
99070M	DRESSING APP/CHANGE, SIMPLE	\$15.00
99070N	DRESSING APP/CHANGE, INTERMEDIATE	\$25.00
69210	EAR LAVAGE, CERUMEN REMOVAL	\$30.00
93000	ELECTROCARDIOGRAM, COMPLETE	\$55.00
114**	EXCISION BNGN LESN <0.5 to 2.0 CM	\$70.00
114**	EXCISION BNGN LESN 2.1 to >4.0 CM	\$85.00
116**	EXCISION MALGN LESN <0.5 to 2.0 CM	\$70.00
116**	EXCISION MALGN LESN 2.1 to >4.0 CM	\$85.00
65205A	FB REMOVAL, CONJUNCTIVA	\$25.00
65220	FB REMOVAL, CORNEA	\$35.00
69200	FB REMOVAL, EAR	\$35.00
10120	FB REMOVAL, SUBCUT, SIMPLE	\$40.00
10121	FB REMOVAL, SUBCUT, INTERMED	\$70.00
10060	INCISION/DRAINAGE, SIMPLE	\$45.00
10061	INCISION/DRAINAGE, COMPLEX	\$70.00
96372A	INJECTION IM/SQ ADMIN PT SUPPLIES MED	\$20.00
96374	INJECTION IV, ADMIN, PT SUPPLIES MED	\$20.00
96360	IV THERAPY, INITIAL SETUP (NO FLUID)	\$55.00
96361	IV THERAPY, EACH BAG	\$45.00
20600	JOINT ASPIRATION/INJ, SIMPLE	\$45.00
20610	JOINT ASPIRATION/INJ, COMPLEX	\$60.00
11740	NAIL DRILLING	\$25.00
11765	NAIL FOLD WEDGE EXCISION	\$85.00
11730	NAIL PLATE AVULSION	\$85.00
11055	PARING OR CURETTMENT, SKIN	\$30.00
99395G	PHYSICAL PREVENTATIVE BRIEF	\$70.00
99395A	PHYSICAL PREVENTATIVE INTERMEDIATE	\$95.00
99395E	PHYSICAL PREVENTATIVE COMPREHENSIVE	\$130.00
99385	PHYSICAL PREVENTATIVE, TRAVEL APP	\$70.00
1200*	REPAIR SIMPLE WND	\$60.00
1203*	REPAIR INTMD WND	\$75.00
131**	REPAIR COMPLEX WND	\$95.00
94010	SPIROMETRY	\$30.00
94060	SPIROMETRY W/ NEBULIZER TX	\$50.00
29515	SPLINT, ANKLE, PLASTER/FG	\$60.00
29125A	SPLINT, FOREARM/WRIST, PLASTER/FG	\$45.00
29125B	SPLINT, GUTTER, PLASTER/FG	\$45.00
29105	SPLINT, LONG ARM, PLASTER/FG	\$60.00
99213	TRAVEL CONSULT, WITH MD, 15-MIN	\$65.00
99214	TRAVEL CONSULT, WITH MD, 30-MIN	\$90.00
20552	TRIGGER POINT INJECTION, ADMIN ONLY	\$30.00

CODE	DESCRIPTION	COST
<b>IMMUNIZATIONS/PPD</b>		
90715	IMMUNIZATION, ADACEL	\$49.00
90620	IMMUNIZATION, BEXSERO MENB	\$160.00
90620A	IMMUNIZATION, BEXSERO MENB <19 YRS STATE	\$23.00
90656	IMMUNIZATION, FLU	\$25.00
90649A	IMMUNIZATION, GARDASIL, <19 YRS STATE	\$23.00
90651	IMMUNIZATION, GARDASIL-9	\$215.00
90632	IMMUNIZATION, HEPATITIS A	\$50.00
90633A	IMMUNIZATION, HEPATITIS A, <19 YRS	\$30.00
90636	IMMUNIZATION, HEP-A & HEP-B	\$85.00
90746	IMMUNIZATION, HEPATITIS B	\$60.00
90746B	IMMUNIZATION, HEPATITIS B, <20 YRS PURCHASED	\$37.00
90738	IMMUNIZATION, JAPANESE ENCEPHALITIS	\$295.00
90734	IMMUNIZATION, MENACTRA	\$125.00
90734A	IMMUNIZATION, MENACTRA, <19 YRS STATE	\$23.00
90707	IMMUNIZATION, MMR	\$75.00
90707A	IMMUNIZATION, MMR, <19 YRS STATE	\$23.00
90713	IMMUNIZATION, POLIO	\$43.00
90675A	IMMUNIZATION, RABIES IM, IMOVAX	\$320.00
90675	IMMUNIZATION, RABIES IM, RABAVERT	\$300.00
90714	IMMUNIZATION, TD	\$45.00
90690	IMMUNIZATION, TYPHOID, ORAL	\$63.00
90690A	IMMUNIZATION, TYPHOID, ORAL REPLACEMENT	\$30.00
90691	IMMUNIZATION, TYPHOID, TYPHIM-VI	\$97.00
90716	IMMUNIZATION, VARIVAX	\$138.00
90716A	IMMUNIZATION, VARIVAX, <19 YRS STATE	\$23.00
90717	IMMUNIZATION, YELLOW FEVER	\$145.00
86580	TB SKIN TEST	\$16.00

**LAB TESTS**

**In-House Tests**

82962	BLOOD GLUCOSE BY GLUCOMETER	\$8.00
80305	DRUG SCREEN CUP-SHC	\$15.00
87804QW	FLU TEST, BINAXNOW A/B	\$25.00
82270	HEMACULT, SERIES OF 3	\$10.00
85018QW	HEMOGLOBIN	\$8.00
86308QW	MONO TEST, RAPID	\$12.00
81025	PREGNANCY TEST, RAPID	\$6.00
87880QW	STREP A TEST, RAPID	\$20.00
87808	TRICHOMONAS TEST, RAPID	\$10.00
81001QW	URINALYSIS	\$15.00
82044	URINALYSIS MICROALBUMIN	\$11.00

**Quest Lab Tests**

85025	CBC W/ AUTOMATED DIFFERENTIAL	\$17.00
CBCMANDIFF	CBC W/ HAND DIFFERENTIAL COUNT	\$22.00
87491	CHLAMYDIA TRACH, TMA	\$43.00
C AND G	CHLAMYDIA/GONORRHEA, TMA	\$56.00
87081	CULTURE, THROAT	\$23.00
87086	CULTURE, URINE	\$17.00
87591	GONORRHEA TRACH, TMA	\$43.00
HSV1_2	HERPES IGG TYPES 1 & 2	\$64.00
87529	HERPES PCR TYPES 1 & 2	\$120.00
87389	HIV AG/AB, 4TH GEN	\$35.00
80061	LIPID PANEL	\$27.00
86765	RUBEOLA TITER	\$36.00
SCREENPAN1	SCREENING PANEL 1, NO LYTES	\$78.00
SCREENPAN2	SCREENING PANEL 2, WITH LYTES	\$84.00
S3600	STAT LAB REQUEST FEE	\$35.00
86481-90	T-SPOT TB TEST	\$75.00
TSH_FT4	TSH/FREE T4 PANEL	\$46.00