



Shelby Osborne, DO
Holly Hickman, MD
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Julie McKenzie, DO
Mary Lee, FNP

Name: _____ DOB: ____/____/____ DOS: ____/____/____

Office Visit

| | |
|-----------------|-----------------|
| <i>New</i> | <i>Est.</i> |
| 99202: \$156.00 | 99212: \$122.00 |
| 99203: \$240.00 | 99213: \$194.00 |
| 99204: \$356.00 | 99214: \$274.00 |
| 99205: \$470.00 | 99215: \$383.00 |

Ultrasound

| | |
|------------------------------|-----------------------------------|
| <i>OB</i> | <i>Non-OB</i> |
| 76817 Transvaginal: \$275.00 | 76830 Transvaginal: \$266.00 |
| 76815 Limited: \$240.00 | 76857 Pelvic (limited): \$106.00 |
| 76801 <14 WKS: \$260.00 | 76856 Pelvic (complete): \$234.00 |
| 76805 >14 WKS: \$500.00 | |
| Peek-A-Boo: \$180.00 | |
| Detailed: \$386.00 | |

Procedures

57455 Colposcopy: \$350.00

57454 Colposcopy w/ECC: \$365.00

57460 LEEP: \$694.00

J7297 Liletta insertion: \$893.00
Includes device and insertion

J7300 Paragard insertion: \$1473.00
Includes device and insertion

J7298 Mirena insertion: \$1564.00
Includes device and insertion

J7301 Skyla insertion: \$1343.00
Includes device and insertion

J7296 Kyleena insertion: \$1564.00
Includes device and insertion

J7307 Nexplanon insertion: \$1527.00
Includes device and insertion

57511 Cervical Cryo: \$438.00

69209 Ear Lavage (per ear): \$102.00

58100 Endometrial Biopsy: \$221.00

58301 IUD Removal: \$240.00

58340 / 76831 SIS: \$807.0

93000 EKG: \$42.00

95250 Continuous Glucose Monitoring \$323/ 95251 Glucose Monitoring interpret and report \$73.00

Injections/Misc.

36415 Venipuncture: \$21.00

81002 Urinalysis: \$18.00

87880 Strep Test: \$24.50

90715/90471 TDAP: \$95.00
Includes administration

81025 Pregnancy Test: \$23.00

87210 Wet Mount: \$20.00

J2790 Rhogam: \$464.00
Includes administration

A4550 Surgical Tray: \$45.50

J1050 x 150 units Depo: \$180.00
Includes administration.

64435 Paracervical Block: \$177.00

J0702 Betamethasone: \$59.00
Includes administration

J3420/96372 B-12 Injection: \$55.00
Includes administration

Annual Exams

99394 Prev. Visit Est 12-17: \$244.00

99395 Prev. Visit Est 18-39: \$250.00

99396 Prev. Visit Est 40-64: \$265.00

99397 Prev. Visit Est 65+: \$286.00

99384 Prev. Visit New 12-17: \$285.00

99385 Prev. Visit New 18-39: \$277.00

99386 Prev. Visit New 40-64: \$319.00

99387 Prev. Visit New 65+: \$347.00

G0101 Medicare Well Woman: \$84.00

Q0091 Medicare Pap: \$94.00

I have reviewed the above information and understand that:

- A) The lab will bill me separately. If I have any questions or concerns in regards to the cost of self-pay lab services, I should ask for an estimate for the test cost(s) prior to allowing the submission of specimens to the lab.
- B) I am responsible for the cost(s) circled above.

Patient Signature: _____ Date: _____