



PRECISION

IMAGING CENTERS

*Prices quoted prior to 7/15/2024 will be honored

CPT CODE	DESCRIPTION	SELF PAY Effective: 7/15/2024
CT/CTA		
74160	CT ABDOMEN WITH CONTRAST	\$315.00
74170	CT ABDOMEN WITHOUT AND WITH CONTRAST	\$375.00
74150	CT ABDOMEN WITHOUT CONTRAST	\$250.00
74177	CT ABDOMEN/PELVIS WITH CONTRAST	\$440.00
74178	CT ABDOMEN/PELVIS WITHOUT AND WITH CONTRAST	\$500.00
74176	CT ABDOMEN/PELVIS WITHOUT CONTRAST	\$250.00
74174	CT ANGIO ABDOMEN AND PELVIS	\$565.00
74175	CT ANGIO ABDOMEN WITH CONTRAST	\$410.00
73206	CT ANGIO ARM WITHOUT AND WITH CONTRAST	\$410.00
71275	CT ANGIO CHEST NON-CORONARY	\$375.00
75574	CT ANGIO CORONARY ARTERIES WITH CALCIUM SCORING	\$440.00
70496	CT ANGIO HEAD WITH CONTRAST	\$375.00
73706	CT ANGIO LOWER EXTREMITY WITH AND WITHOUT CONTRAST	\$440.00
70498	CT ANGIO NECK WITH CONTRAST	\$375.00
72191	CT ANGIO PELVIS WITH CONTRAST	\$410.00
75635	CT ANGIO WITH RUNOFFS	\$535.00
73700	CT ANKLE WITHOUT CONTRAST	\$250.00
73701	CT ANKLE WITH CONTRAST	\$375.00
73702	CT ANKLE WITHOUT AND WITH CONTRAST	\$375.00
73701/27648	CT ARTHROGRAM ANKLE WITH CONTRAST INCLUDING INJECTION	\$625.00
73201/24220	CT ARTHROGRAM ELBOW WITH CONTRAST INCLUDING INJECTION	\$625.00
73701/27093	CT ARTHROGRAM HIP WITH CONTRAST INCLUDING INJECTION	\$625.00
73701/27369	CT ARTHROGRAM KNEE WITH CONTRAST INCLUDING INJECTION	\$625.00
72193/27096	CT ARTHROGRAM SACROILIAC JTS WITH CONTRAST INCLUDING INJECTION	\$625.00
73201/23350	CT ARTHROGRAM SHOULDER WITH CONTRAST INCLUDING INJECTION	\$625.00
73201/25246	CT ARTHROGRAM WRIST WITH CONTRAST INCLUDING INJECTION	\$625.00
72126	CT CERVICAL SPINE WITH CONTRAST	\$250.00
72127	CT CERVICAL SPINE WITHOUT AND WITH CONTRAST	\$315.00
72125	CT CERVICAL SPINE WITHOUT CONTRAST	\$250.00
71260	CT CHEST WITH CONTRAST	\$250.00
71270	CT CHEST WITHOUT AND WITH CONTRAST	\$315.00
71250	CT CHEST WITHOUT CONTRAST	\$250.00
74261	CT COLONOGRAPHY - Diagnostic	\$940.00
74263	CT COLONOGRAPHY - SCREENING	\$940.00
75571	CT CORONARY CALCIUM SCORING	\$99.00
73200	CT ELBOW WITHOUT CONTRAST	\$250.00
73201	CT ELBOW WITH CONTRAST	\$375.00
73202	CT ELBOW WITHOUT AND WITH CONTRAST	\$375.00
73700	CT FEMUR WITHOUT CONTRAST	\$250.00
73702	CT FEMUR WITHOUT AND WITH CONTRAST	\$315.00
70460	CT HEAD WITH CONTRAST	\$250.00
70470	CT HEAD WITHOUT AND WITH CONTRAST	\$315.00
70450	CT HEAD WITHOUT CONTRAST	\$250.00
73700	CT HIP WITHOUT CONTRAST	\$250.00
73702	CT HIP WITHOUT AND WITH CONTRAST	\$315.00
73700	CT KNEE WITHOUT CONTRAST	\$250.00
73702	CT KNEE WITHOUT AND WITH CONTRAST	\$315.00
71271	CT LOW DOSE LUNG SCREENING	\$250.00
72132	CT LUMBAR SPINE WITH CONTRAST	\$250.00
72133	CT LUMBAR SPINE WITHOUT AND WITH CONTRAST	\$315.00
72131	CT LUMBAR SPINE WITHOUT CONTRAST	\$250.00
70486	CT MAXILLOFACIAL WITHOUT CONTRAST	\$250.00
73700	CT MIDFOOT/FOREFOOT/TOE WITHOUT CONTRAST	\$250.00
73702	CT MIDFOOT/FOREFOOT/TOE WITHOUT AND WITH CONTRAST	\$315.00
70481	CT ORBIT EAR FOSSA WITH CONTRAST	\$250.00
70482	CT ORBIT EAR FOSSA WITHOUT AND WITH CONTRAST	\$315.00
70487	CT PARANASAL SINUSES WITH CONTRAST	\$250.00
70488	CT PARANASAL SINUSES WITHOUT AND WITH CONTRAST	\$315.00
72193	CT PELVIS WITH CONTRAST	\$375.00
72194	CT PELVIS WITHOUT AND WITH CONTRAST	\$345.00
72192	CT PELVIS WITHOUT CONTRAST	\$250.00
70491	CT SOFT TISSUE NECK WITH CONTRAST	\$250.00
70492	CT SOFT TISSUE NECK WITHOUT AND WITH CONTRAST	\$315.00
70490	CT SOFT TISSUE NECK WITHOUT CONTRAST	\$250.00

70480	CT TEMPORAL BONES WITHOUT CONTRAST	\$250.00
72129	CT THORACIC SPINE WITH CONTRAST	\$315.00
72130	CT THORACIC SPINE WITHOUT AND WITH CONTRAST	\$315.00
72128	CT THORACIC SPINE WITHOUT CONTRAST	\$250.00
73200	CT UPPER EXTREMITY NON JOINT WITHOUT CONTRAST	\$250.00
DEXA		
77080	DXA BONE DENSITY - AXIAL SKELETON	\$65.00
77081	DXA BONE DENSITY - APPENDICULAR SKELETON - PERIPHERAL	\$65.00
76499	BODY COMPOSITION	\$65.00
BREAST IMAGING		
77066/77062	MAMMOGRAM DIAGNOSTIC BILATERAL W/ OR W/O TOMO	\$285.00
77065/77061	MAMMOGRAM DIAGNOSTIC UNILATERAL W/ OR W/O TOMO	\$250.00
77067/77063	MAMMOGRAM SCREENING W/ OR W/O TOMO	\$240.00
77049	MR BREAST BILATERAL WITHOUT AND WITH CONTRAST	\$500.00
77049-52	MR ABBREVIATED BREAST SCREENING - DENSE BREAST ONLY - SELF PAY ONLY	\$375.00
77047	MR BREAST BILATERAL WITHOUT CONTRAST - FOR IMPLANT INTEGRITY	\$315.00
19081	STEREOTACTIC GUIDED BREAST PERCUTANEOUS INCLUDING CLIP BIOPSY, FIRST LESION*	\$1,500.00
19082	STEREOTACTIC GUIDED BREAST PERCUTANEOUS INCLUDING CLIP BIOPSY, EACH ADD'L LESION*	\$625.00
19083	ULTRASOUND GUIDED BREAST PERCUTANEOUS INCLUDING CLIP BIOPSY, FIRST LESION*	\$1,000.00
19084	ULTRASOUND GUIDED BREAST PERCUTANEOUS INCLUDING CLIP BIOPSY, EACH ADD'L LESION*	\$565.00
19085	MRI GUIDED BREAST PERCUTANEOUS INCLUDING CLIP BIOPSY, FIRST LESION*	\$1,875.00
19086	MRI GUIDED BREAST PERCUTANEOUS INCLUDING CLIP BIOPSY, EACH ADD'L LESION*	\$1,000.00
38505	BIOPSY OR EXCISION OF LYMPH NODE BY NEEDLE SUPERFICIAL	\$315.00
76642	US BREAST UNILATERAL LIMITED	\$160.00
76641	US UNILATERAL BREASTS COMPLETE	\$220.00
76641	US WHOLE BREAST SCREENING ULTRASOUND COMPLETE	\$315.00
*	PRICE DOES NOT INCLUDE PATHOLOGY COST. MORE DETAILS AVAILABLE UPON REQUEST.	
MRI/MRA		
74182	MR ABDOMEN WITH CONTRAST	\$440.00
74183	MR ABDOMEN WITHOUT AND WITH CONTRAST	\$500.00
74181	MR ABDOMEN WITHOUT CONTRAST	\$375.00
76391	MR ELASTOGRAPHY	\$315.00
74185	MR ANGIO ABDOMEN WITHOUT OR WITH CONTRAST	\$500.00
70546	MR ANGIO AND/OR VENOGRAM HEAD WITHOUT AND WITH CONTRAST	\$500.00
73225	MR ANGIO ARM WITHOUT AND WITH CONTRAST	\$500.00
71555	MR ANGIO CHEST WITHOUT OR WITH CONTRAST	\$500.00
70545	MR ANGIO HEAD WITH CONTRAST	\$375.00
70544	MR ANGIO HEAD WITHOUT CONTRAST	\$375.00
73725	MR ANGIO LEG WITHOUT AND WITH CONTRAST	\$500.00
70548	MR ANGIO NECK WITH CONTRAST	\$375.00
70549	MR ANGIO NECK WITHOUT AND WITH CONTRAST	\$500.00
70547	MR ANGIO NECK WITHOUT CONTRAST	\$375.00
72198	MR ANGIO PELVIS WITHOUT AND WITH CONTRAST	\$500.00
73721	MR ANKLE WITHOUT CONTRAST	\$315.00
73722	MR ANKLE WITH CONTRAST	\$565.00
73723	MR ANKLE WITHOUT AND WITH CONTRAST	\$565.00
73722/27648	MR ARTHROGRAM ANKLE W/CONTRAST INCLUDING INJECTION	\$815.00
73222/24220	MR ARTHROGRAM ELBOW WITH CONTRAST INCLUDING INJECTION	\$815.00
73722/27093	MR ARTHROGRAM HIP WITH CONTRAST INCLUDING INJECTION	\$815.00
73722/27369	MR ARTHROGRAM KNEE WITH CONTRAST INCLUDING INJECTION	\$815.00
72196/27096	MR ARTHROGRAM SACROILIAC JTS WITH CONTRAST INCLUDING INJECTION	\$815.00
73222/23350	MR ARTHROGRAM SHOULDER WITH CONTRAST INCLUDING INJECTION	\$815.00
73222/25246	MR ARTHROGRAM WRIST WITH CONTRAST INCLUDING INJECTION	\$815.00
70553	MR BRAIN WITHOUT AND WITH CONTRAST*	\$500.00
70553/76377	MR BRAIN WITHOUT AND WITH CONTRAST W/NEUROQANT	\$690.00
70551	MR BRAIN AND IACS WITHOUT CONTRAST*	\$375.00
70552	MR BRAIN WITH CONTRAST*	\$375.00
77049	MR BREAST BILATERAL WITHOUT AND WITH CONTRAST	\$500.00
77047	MR BREAST BILATERAL WITHOUT CONTRAST	\$315.00
75557	MR CARDIAC MORPHOLOGY	\$1,500.00
75559	MR CARDIAC WITH STRESS IMAGING	\$1,500.00
75563	MR CARDIAC WITH STRESS IMAGING WITH CONTRAST	\$1,500.00
72142	MR CERVICAL SPINE WITH CONTRAST	\$440.00
72156	MR CERVICAL SPINE WITHOUT AND WITH CONTRAST	\$500.00
72141	MR CERVICAL SPINE WITHOUT CONTRAST	\$315.00
71551	MR CHEST WITH CONTRAST	\$565.00
71552	MR CHEST WITHOUT AND WITH CONTRAST	\$625.00
71550	MR CHEST WITHOUT CONTRAST	\$500.00
73221	MR ELBOW WITHOUT CONTRAST	\$315.00
73223	MR ELBOW WITHOUT AND WITH CONTRAST	\$565.00
70542	MR FACIAL STRUCTURES WITH CONTRAST	\$375.00
70543	MR FACIAL STRUCTURES WITHOUT AND WITH CONTRAST	\$500.00
70540	MR FACIAL STRUCTURES WITHOUT CONTRAST	\$375.00
73718	MR FEMUR/THIGH WITHOUT CONTRAST	\$440.00
73720	MR FEMUR/THIGH WITHOUT AND WITH CONTRAST	\$500.00
73219	MR FINGER(S) WITH CONTRAST	\$500.00
73218	MR FOREARM WITHOUT CONTRAST	\$440.00
73220	MR FOREARM WITHOUT AND WITH CONTRAST	\$625.00
73222	MR FOREARM WITH CONTRAST	\$565.00

73718	MR FOREFOOT/TOES WITHOUT CONTRAST	\$440.00
73720	MR FOREFOOT/TOES WITHOUT AND WITH CONTRAST	\$500.00
73218	MR HAND/FINGER WITHOUT CONTRAST	\$440.00
73220	MR HAND/FINGER WITHOUT AND WITH CONTRAST	\$625.00
73721	MR HIP WITHOUT CONTRAST	\$315.00
73723	MR HIP WITHOUT AND WITH CONTRAST	\$565.00
73218	MR HUMERUS WITHOUT CONTRAST	\$440.00
73220	MR HUMERUS WITHOUT AND WITH CONTRAST	\$625.00
73721	MR KNEE WITHOUT CONTRAST	\$315.00
73723	MR KNEE WITHOUT AND WITH CONTRAST	\$565.00
73718	MR LOWER LEG (CALF, TIB/FIB) WITHOUT CONTRAST	\$440.00
73720	MR LOWER LEG (CALF, TIB/FIB) WITHOUT AND WITH CONTRAST	\$500.00
72149	MR LUMBAR SPINE WITH CONTRAST	\$440.00
72158	MR LUMBAR SPINE WITHOUT AND WITH CONTRAST	\$500.00
72148	MR LUMBAR SPINE WITHOUT CONTRAST	\$315.00
72196	MR PELVIS WITH CONTRAST	\$500.00
72197	MR PELVIS WITHOUT AND WITH CONTRAST	\$625.00
72197/76377	MR PELVIS WITHOUT AND WITH CONTRAST W/DYNACAD	\$875.00
72195	MR PELVIS WITHOUT CONTRAST	\$375.00
73220	MR SCAPULA WITHOUT AND WITH CONTRAST	\$625.00
73221	MR SHOULDER WITHOUT CONTRAST	\$315.00
73223	MR SHOULDER WITHOUT AND WITH CONTRAST	\$535.00
72147	MR THORACIC SPINE WITH CONTRAST	\$375.00
72157	MR THORACIC SPINE WITHOUT AND WITH CONTRAST	\$500.00
72146	MR THORACIC SPINE WITHOUT CONTRAST	\$315.00
70336	MR TMJ	\$440.00
73221	MR WRIST WITHOUT CONTRAST	\$315.00
73223	MR WRIST WITHOUT AND WITH CONTRAST	\$625.00
72159	MRA SPINE WITHOUT AND WITH CONTRAST	\$500.00
0866T	ADD NEUROQUANT TO BRAIN MRI	\$190.00
76140	DYNACAD PROSTATE TO OUTSIDE MRI	\$250.00
PET/CT		
*	PRICES INCLUDE COST OF RADIOPHARMACEUTICAL FDG	
78608/A9552	PET/CT BRAIN - FDG - METABOLIC EVALUATION*	\$1,875.00
78492/A9552	PET/CT CARDIAC AMMONIA REST AND STRESS STUDY*	\$1,875.00
78491/A9552	PET/CT CARDIAC AMMONIA REST STUDY*	\$1,875.00
78459/A9552	PET/CT CARDIAC VIABILITY SINGLE STUDY - FDG*	\$1,875.00
78815/A9552	PET/CT FDG SKULL TO THIGH*	\$1,875.00
78816/A9552	PET/CT FDG TOTAL BODY*	\$1,875.00
78814/A9552	PET/CT LIMITED*	\$1,875.00
78815/A9586	PET/CT AMYVID	\$5,000
78815/A9588	PET/CT AXUMIN	\$6,000
78815/A9587	PET/CT DOTATATE	\$5,000
78815/A9597	PET/CT Cu-64 Dotatate (DetectNet)	\$5,500
78815/A9595	PET/CT PSMA Pylarify	\$6,500
78815/A9596	PET/CT PSMA Illucix	\$6,000
78815/A9800	PET/CT PSMA LOCAMETZ	\$6,200
ULTRASOUND		
10005	ULTRASOUND GUIDED BREAST FINE NEEDLE ASPIRATION BIOPSY, FIRST LESION	\$500.00
10006	ULTRASOUND GUIDED BREAST FINE NEEDLE ASPIRATION BIOPSY, EACH ADD'L LESION	\$315.00
76700	US ABDOMEN COMPLETE	\$190.00
76705	US ABDOMEN LIMITED	\$160.00
76775	US AORTA	\$160.00
93880	US BILATERAL COMPLETE CAROTID DOPPLER	\$315.00
93925	US BILATERAL EXTREMITY ARTERIAL DOPPLER	\$375.00
93970	US BILATERAL EXTREMITY VENOUS DOPPLER	\$315.00
93930	US BILATERAL UPPER EXTREMITY ARTERIAL DOPPLER	\$315.00
76604	US CHEST WALL/UPPER BACK	\$125.00
93975	US DOPPLER ABDOMEN COMPLETE	\$375.00
93976	US DOPPLER ABDOMEN LIMITED	\$220.00
93306	US ECHOCARDIOGRAM TRANSTHORACIC COMPLETE	\$250.00
76706	US EXAM AAA SCREENING	\$250.00
76881	US EXTREMITY NON-VASCULAR COMPLETE	\$190.00
76882	US EXTREMITY NON-VASCULAR LTD	\$190.00
76856/76830	US PELVIC/TRANSVAGINAL	\$375.00
76856	US NONOBSTETRIC PELVIS COMPLETE	\$190.00
76830	US NONOBSTETRIC TRANSVAGINAL	\$190.00
76857	US NONOBSTETRIC PELVIC LIMITED	\$190.00
76812	US OB DETAILED ADDL FETUS	\$315.00
76811	US OB DETAILED SNGL FETUS	\$250.00
76816	US OB FOLLOW-UP PER FETUS	\$250.00
76815	US OB LIMITED FETUS(ES)	\$250.00
76810	US OBSTETRIC - ADDITIONAL FETUS - 14 WEEKS OR GREATER	\$250.00
76802	US OBSTETRIC - ADDITIONAL FETUS - LESS THAN 14 WEEKS	\$250.00
76805	US OBSTETRIC - SINGLE FETUS - 14 WEEKS OR GREATER	\$250.00
76801	US OBSTETRIC - SINGLE FETUS - LESS THAN 14 WEEKS	\$250.00
76817	US OBSTETRIC TRANSVAGINAL	\$250.00
76873	US PROSTATE VOLUME STUDY FOR BRACHYTHERAPY PLANNING	\$250.00
76770	US RENAL COMPLETE	\$190.00
76870	US SCROTUM AND CONTENTS	\$190.00

76870/93976	US SCROTUM WITH DOPPLER	\$410.00
76536	US SOFT TISSUE HEAD/NECK (THYROID, PAROTID, PARATHYROID)	\$190.00
76872	US TRANSRECTAL PROSTATE	\$250.00
93926	US UNILATERAL EXTREMITY ARTERIAL DOPPLER	\$250.00
93971	US UNILATERAL LOWER EXTREMITY VENOUS DOPPLER	\$250.00
93931	US UNILATERAL UPPER EXTREMITY ARTERIAL DOPPLER	\$250.00
XRAY		
74019	XRAY ABDOMEN, 2 VIEWS	\$65.00
74021	XRAY ABDOMEN 3 VIEWS	\$65.00
74022	XRAY ABDOMEN COMPLETE, 3 OR MORE VIEWS	\$65.00
73600	XRAY ANKLE AP AND LATERAL	\$65.00
73610	XRAY ANKLE COMPLETE	\$65.00
73050	XRAY BILATERAL AC JOINTS WITHOUT AND WITH WEIGHTS	\$65.00
73522	XRAY BILATERAL HIPS, WITH PELVIS, 3-4 VIEWS	\$65.00
73523	XRAY BILATERAL HIPS COMPLETE AND AP PELVIS, MINIMUM OF 5 VIEWS	\$95.00
71110	XRAY BILATERAL RIBS	\$65.00
71111	XRAY BILATERAL RIBS WITH PA CHEST	\$95.00
73565	XRAY BILATERAL STANDING KNEES - AP ONLY	\$65.00
77072	XRAY BONE AGE STUDY	\$65.00
73650	XRAY CALCANEUS, MINIMUM OF 2 VIEWS	\$65.00
72040	XRAY CERVICAL SPINE AP AND LATERAL	\$65.00
72050	XRAY CERVICAL SPINE COMPLETE	\$95.00
72052	XRAY CERVICAL SPINE WITH OBLIQUES FLEXION EXTENSION	\$95.00
71045	XRAY CHEST 1 VIEW	\$65.00
71048	XRAY CHEST 4 VIEWS	\$65.00
71046	XRAY CHEST PA AND LATERAL	\$65.00
71047	XRAY CHEST PA AND LATERAL WITH APICAL LORDODIC VIEW	\$65.00
73070	XRAY ELBOW 2 VIEWS	\$65.00
72082	XRAY ENTIRE SPINE SURVEY - AP AND LATERAL, 2-3 VIEWS	\$95.00
72083	XRAY ENTIRE SPINE SURVEY - AP AND LATERAL, 4-5 VIEWS	\$125.00
72084	XRAY ENTIRE SPINE SURVEY - AP AND LATERAL, MINIMUM OF 6 VIEWS	\$125.00
70030	XRAY EYES FOR FOREIGN BODY	\$65.00
70150	XRAY FACIAL BONES COMPLETE	\$65.00
70140	XRAY FACIAL BONES LIMITED	\$65.00
73551	XRAY FEMUR, 1 VIEW	\$65.00
73140	XRAY FINGER	\$65.00
73620	XRAY FOOT AP AND LATERAL, 2 VIEWS	\$65.00
73630	XRAY FOOT, MINIMUM 3 VIEWS	\$65.00
73130	XRAY HAND	\$65.00
73501	XRAY HIP 1 VIEW	\$65.00
73503	XRAY HIP UNILATERAL > 4 or more views	\$95.00
73502	XRAY HIP UNILATERAL 2-3 VIEWS	\$65.00
73592	XRAY INFANT LEG 2 VIEW	\$65.00
70134	XRAY INTERNAL AUDITORY MEATUS	\$95.00
73562	XRAY KNEE 3 VIEWS	\$65.00
73560	XRAY KNEE AP AND LATERAL, 1 OR 2 VIEWS	\$65.00
73564	XRAY KNEE COMPLETE, 4 OR MORE VIEWS	\$65.00
74018	XRAY KUB	\$65.00
73092	XRAY ARM INFANT	\$65.00
73000	XRAY CLAVICLE	\$65.00
73080	XRAY ELBOW COMPLETE	\$65.00
73090	XRAY FOREARM	\$65.00
73120	XRAY HAND 2 VIEWS	\$65.00
73060	XRAY HUMERUS COMPLETE	\$65.00
71100	XRAY RIBS, UNILATERAL	\$65.00
71101	XRAY RIBS WITH PA CHEST, UNILATERAL	\$65.00
73010	XRAY SCAPULA	\$65.00
73110	XRAY WRIST COMPLETE	\$65.00
77073	XRAY LEG LENGTH STUDY	\$65.00
72100	XRAY LUMBAR SPINE AP AND LATERAL	\$65.00
72110	XRAY LUMBAR SPINE COMPLETE	\$65.00
72114	XRAY LUMBAR SPINE COMPLETE WITH FLEXION AND EXTENSION	\$95.00
72120	XRAY LUMBAR SPINE FLEXION AND EXTENSION ONLY	\$65.00
70110	XRAY MANDIBLE COMPLETE	\$65.00
70100	XRAY MANDIBLE LIMITED	\$65.00
70130	XRAY MASTOIDS COMPLETE	\$95.00
70120	XRAY MASTOIDS LIMITED	\$65.00
70160	XRAY NASAL BONES COMPLETE	\$65.00
74022	XRAY OBSTRUCTION SERIES WITH PA CHEST	\$65.00
70190	XRAY OPTIC FORAMINA	\$65.00
70200	XRAY ORBITS COMPLETE	\$65.00
72170	XRAY PELVIS AP	\$65.00
72190	XRAY PELVIS COMPLETE (3 OR MORE VIEWS)	\$65.00
72202	XRAY SACROILIAC JOINTS COMPLETE	\$65.00
72200	XRAY SACROILIAC JOINTS LIMITED	\$65.00
72220	XRAY SACRUM AND/OR COCCYX	\$65.00
70240	XRAY SELLA TURCICA	\$65.00
73020	XRAY SHOULDER 1 VIEW	\$65.00
73030	XRAY SHOULDER COMPLETE; MIN 2 VIEWS	\$65.00
70220	XRAY SINUSES COMPLETE	\$65.00
70210	XRAY SINUSES LIMITED	\$65.00

77075	XRAY SKELETAL SURVEY COMPLETE	\$125.00
77074	XRAY SKELETAL SURVEY LIMITED	\$95.00
70260	XRAY SKULL COMPLETE	\$65.00
70250	XRAY SKULL LIMITED	\$65.00
70360	XRAY SOFT TISSUE NECK	\$65.00
72020	XRAY SPINE SINGLE VIEW	\$65.00
71130	XRAY STERNOCLAVICULAR JOINTS	\$65.00
71120	XRAY STERNUM	\$65.00
72070	XRAY THORACIC 2 VIEWS	\$65.00
72072	XRAY THORACIC SPINE AP AND LATERAL WITH SWIMMERS VIEW	\$65.00
72074	XRAY THORACIC SPINE COMPLETE	\$65.00
72081	XRAY THORACOLUMBAR SPINE AP AND LATERAL, 1 VIEW	\$65.00
73590	XRAY TIB/FIB	\$65.00
70328	XRAY TMJ 3 VIEWS	\$65.00
70330	XRAY TMJ BILATERAL COMPLETE	\$95.00
73660	XRAY TOE(S), MINIMUM OF 2 VIEWS	\$65.00
73100	XRAY WRIST 2 VIEWS	\$65.00
PREVENTATIVE SCREENING EXAMS		
PRVT1	PREVENTATIVE SCREENING TIER 1	\$1,999.00
PRVT2	PREVENTATIVE SCREENING TIER 2	\$3,999.00
PRVT3	PREVENTATIVE SCREENING TIER 3	\$7,999.00

Please Note:

- 1. Non-Refundable:** Payments made under the self pay pricing are non-refundable, even if the patient later decides to submit a claim to their insurance provider.
- 2. No Insurance Claims:** Services provided under the self pay pricing will not be submitted to insurance for reimbursement. Patients will not receive a claim form for these services.
- 3. Payment:** Payment in full is required at the time of service.

*Self Pay Rates are subject to change at any time