

GOOD FAITH ESTIMATE

PATIENT: Test Patient

SCHEDULED APPT: **VISIT AND PHYSICALS**

<input type="checkbox"/>	New Patient	\$ 85.00
<input type="checkbox"/>	Established Patient	\$ 65.00
<input type="checkbox"/>	Preventative Visit, New	\$ 85.00
<input type="checkbox"/>	Preventative Visit, Est	\$ 70.00
<input type="checkbox"/>	Weight Visit	\$ 100.00
<input type="checkbox"/>	DOT Physical	\$ 100.00
<input type="checkbox"/>	School Physical	\$ 40.00
<input type="checkbox"/>	Sports Physical	\$ 35.00
<input type="checkbox"/>	Work Physical	\$ 40.00
<input type="checkbox"/>	Contract Physical	\$ 50.00

POINT OF CARE TESTING

<input type="checkbox"/>	Electrocardiogram	\$ 25.00
<input type="checkbox"/>	Spirometry	\$ 25.00
<input type="checkbox"/>	Airway Inhalation Treatment	\$ 15.00
<input type="checkbox"/>	Evaluation of inhaler	\$ 20.00
<input type="checkbox"/>	Strep	\$ 15.00
<input type="checkbox"/>	RSV	\$ 25.00
<input type="checkbox"/>	Influenza	\$ 20.00
<input type="checkbox"/>	Mono	\$ 15.00
<input type="checkbox"/>	COVID, rapid	\$ 25.00
<input type="checkbox"/>	Urine Pregnancy Test	\$ 15.00
<input type="checkbox"/>	Urinalysis	\$ 10.00
<input type="checkbox"/>	Glucose test	\$ 5.00
<input type="checkbox"/>	Combo Covid/ Flu	\$35.00

INJECTIONS

<input type="checkbox"/>	Injection Fee	\$ 10.00 per injection
<input type="checkbox"/>	Vitamin B12	\$ 16.00
<input type="checkbox"/>	Ketorolac	\$ 3.50 (per 15mg)
<input type="checkbox"/>	Dexamethasone	\$ 3.00 (per 1mg)
<input type="checkbox"/>	Betamethasone	\$ 11.00 (per 3mg)
<input type="checkbox"/>	Ceftriaxone	\$ 3.50 (per 250mg)
<input type="checkbox"/>	Ondansetron	\$ 6.00 (per 2mL)
<input type="checkbox"/>	Clindamycin	\$ 12.00 (per 1ml)

VACCINES

<input type="checkbox"/>	Injection fee	\$ 10.00
<input type="checkbox"/>	Tdap vaccine	\$ 45.00
<input type="checkbox"/>	TB Skin test	\$ 50.00

IV THERAPY

<input type="checkbox"/>	IV Infusion	\$ 60.00
<input type="checkbox"/>	IV Infusion, add-on	\$ 20.00

Labs

<input type="checkbox"/>	Venipuncture (Drawing Fee)	\$ 10.00
<input type="checkbox"/>	Albumin/Creatinine Ratio, Urine (140285)	\$ 20.00
<input type="checkbox"/>	CBC (005009)	\$ 8.00
<input type="checkbox"/>	CMP (322000)	\$ 8.00
<input type="checkbox"/>	Estradiol (004515)	\$ 25.00
<input type="checkbox"/>	Hemoglobin A1c (001453)	\$ 10.00
<input type="checkbox"/>	PAP: HPV ASCUS Reflex (199300)	\$ 35.00
<input type="checkbox"/>	Lipid Panel (235010)	\$ 12.00
<input type="checkbox"/>	PSA (010322)	\$ 19.00
<input type="checkbox"/>	Testosterone (004226)	\$ 20.00
<input type="checkbox"/>	Thyroid with TSH (000620)	\$ 30.00
<input type="checkbox"/>	Urine Culture (008847)	\$ 70.00
<input type="checkbox"/>	Vitamin B12 (001503)	\$15.00
<input type="checkbox"/>	Vitamin D (081950)	\$ 30.00
<input type="checkbox"/>	INR (005199)	\$10.00
<input type="checkbox"/>	RF (006502)	\$10.00
<input type="checkbox"/>	Type & Screen (006049)	\$25.00

IN-OFFICE PROCEDURES

<input type="checkbox"/>	Removal of skin tag	\$85.00
<input type="checkbox"/>	Removal of nail plate	\$125.00
<input type="checkbox"/>	Simple repair of superficial wounds	\$ 110.00 - 120.00
<input type="checkbox"/>	Removal of benign lesions	\$ 85.00
<input type="checkbox"/>	Drainage or skin abscess	\$ 120.00
<input type="checkbox"/>	Remove foreign body	\$ 150.00
<input type="checkbox"/>	Aspiration of any ganglion cyst	\$ 75.00

Labcorp

<input type="checkbox"/>	Hep B (006395)	\$11.00
<input type="checkbox"/>	Measles Antibodies (096560)	\$11.00
<input type="checkbox"/>	Varicella-Zoster Ab (096206)	\$11.00
<input type="checkbox"/>	Rubella Antibodies (006197)	\$9.00
<input type="checkbox"/>	Mumps Antibodies (096552)	\$11.00
<input type="checkbox"/>	MMR Immunity (058495)	\$27.00
<input type="checkbox"/>	HAV,HBV,HCV (144445)	\$103.00

MISCELLANEOUS

<input type="checkbox"/>	FMLA forms	\$ 25.00
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