



CU CENTER FOR MIDWIFERY - LONGMONT, CO

Code	Description	FEE
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$15.00
J1050	INJECTION MEDROXYPROGESTERONE ACETATE 1 MG	\$0.84
59025	FETAL NON-STRESS TEST (59025)	\$245.00
99213	OUTPT ESTAB VST-LVL III	\$294.00
99395	PREV E & M ESTAB PT 18-39 YRS	\$356.00
90471	IMMUNIZATION ADMIN ONE VACCINE (SINGLE OR COMBIN VACCINE/TOXOID)	\$127.00
90715	TDAP VACCINE GT7 IM	\$162.00
99214	OUTPT ESTAB VST-LEVEL IV	\$429.00
99215	OUTPT ESTAB VST-LVL V	\$575.00
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS	\$59.00
58300	INSERT INTRAUTERINE DEVICE (58300)	\$289.00
81003	URINALYSIS AUTOMATED W/O MICROSCOPY	\$12.00
59426	ANTEPARTUM CARE ONLY;7+ VISITS	\$4,161.00
99212	OUTPT ESTAB VST-LVL II	\$179.00
99205	OUTPT NEW VST-LVL V	\$816.00

If you are not covered by health insurance, you are strongly encouraged to contact our billing office at 303.493.7700 to discuss payment options prior to receiving a health care service from a health care provider at our clinic since posted health care prices may not reflect the actual amount of your financial responsibility.