



CU HEALTHCARE PARTNERS AT BELLEVIEW POINT - AURORA, CO

Code	Description	FEE
J1050	INJECTION MEDROXYPROGESTERONE ACETATE 1 MG	\$0.84
99213	OUTPT ESTAB VST-LVL III	\$294.00
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$15.00
99214	OUTPT ESTAB VST-LEVEL IV	\$429.00
96127	BRIEF EMOTION BEHAV ASSESSMT W SCORING AND DOC P STANDARDIZED INSTRUMENT	\$33.00
99215	OUTPT ESTAB VST-LVL V	\$575.00
99212	OUTPT ESTAB VST-LVL II	\$179.00
93000	ELECTROCARDIOGRAM,AT LEAST 12 LEADS	\$91.00
99396	PREV E & M ESTAB PT 40-64 YRS	\$388.00
99395	PREV E & M ESTAB PT 18-39 YRS	\$356.00
99203	OUTPT NEW VST-LVL III	\$428.00
99204	OUTPT NEW VST-LVL IV	\$649.00
99211	OUTPT ESTAB VST-LVL I	\$90.00
99205	OUTPT NEW VST-LVL V	\$816.00
96372	THERAPEUTIC PROPHYLACTIC OR DIAGNOSTIC INJECTION SUBCUT/INTRAMUSCULAR	\$127.00

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.