



## CU MEDICINE FAMILY MEDICINE DEPOT HILL - BROOMFIELD, CO

Code	Description	FEE
J1050	INJECTION MEDROXYPROGESTERONE ACETATE 1 MG	\$0.84
99214	OUTPT ESTAB VST-LEVEL IV	\$429.00
99213	OUTPT ESTAB VST-LVL III	\$294.00
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$15.00
99203	OUTPT NEW VST-LVL III	\$428.00
90832	PSYCHOTHERAPY 30 MIN WITH PATIENT AND OR FAMILY MEMBER	\$265.00
J1071	INJECTION TESTOSTERONE 1 MG	\$1.00
80305	DRUG TEST PRSMV QUAL DIR OPTICAL OBS PER DAY	\$58.00
90471	IMMUNIZATION ADMIN ONE VACCINE (SINGLE OR COMBIN VACCINE/TOXOID)	\$127.00
99204	OUTPT NEW VST-LVL IV	\$649.00
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$543.00
99395	PREV E & M ESTAB PT 18-39 YRS	\$356.00
99396	PREV E & M ESTAB PT 40-64 YRS	\$388.00
90460	IMMUN ADMIN THRU 18 YRS VIA ANY RTE ADMIN W COUNSEL OQHCP FIRST VACC COMPON	\$127.00
90461	IMMUN ADMIN THRU 18 YRS VIA ANY RTE ADMIN EACH ADDIT VACC COMPONENT	\$65.00

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.