



## CU MEDICINE HIGHLANDS RANCH SPECIALTY CARE CENTER SUITE 401 - HIGHLANDS RANCH, CO

Code	Description	FEE
J3301	KENALOG	\$4.00
99213	OUTPT ESTAB VST-LVL III	\$294.00
99204	OUTPT NEW VST-LVL IV	\$649.00
J7325	HYALURONAN OR DERIVATIVE SYNVISCO OR SYNVISCO ONE INTRA ARTICULAR INJ PER DOSE	\$20.00
99203	OUTPT NEW VST-LVL III	\$428.00
99212	OUTPT ESTAB VST-LVL II	\$179.00
99214	OUTPT ESTAB VST-LVL IV	\$429.00
20610	ARTHROCENTESIS ASPIRATION AND OR INJECT MAJOR JOINT OR BURSA	\$303.00
1300309	INJECTABLE BOTOX	\$5.00
20611	ARTHROCENTESIS ASPIR AND OR INJ MAJOR JOINT OR BURSA WITH USG W PERM RR	\$462.00
10L3670	SLINGSHOT 3	\$160.00
J7318	HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, 1 MG	\$17.00
99202	OUTPT NEW VST-LVL II	\$302.00
99215	OUTPT ESTAB VST-LVL V	\$575.00
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.