



CU MEDICINE JOHN C HOBBS MFM - CENTRAL DENVER, CO

Code	Description	FEE
76816	ULTRASOUND PREG UTERUS REAL TIME W/IMAGE DOC FOLLOW-UP TRANSABDOMON APPR P/FETUS	\$470.00
99212	OUTPT ESTAB VST-LVL II	\$179.00
76811	ULTRASOUND PREG UTERUS DETAILED FETAL ANATOMIC EXAM SINGLE/FIRST GESTATION	\$789.00
99202	OUTPT NEW VST-LVL II	\$302.00
99213	OUTPT ESTAB VST-LVL III	\$294.00
76821	DOPPLER VELOCIMETRY FETAL MIDDLE CEREBRAL ARTERY	\$382.00
76813	ULTRASOUND PREG UTERUS 1ST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT	\$493.00
76801	ULTRASOUND PREGNANT UTERUS FIRST TRIMESTER SINGLE OR FIRST GESTATION	\$497.00
76820	DOPPLER VELOCIMETRY FETAL UMBILICAL ARTERY	\$209.00
99203	OUTPT NEW VST-LVL III	\$428.00
76825	ECHOCARDIOGRAPHY FETAL CARDIOVAS SYSTEM REAL TIME W/IMAGE DOC W-W/O M-MODE REC	\$1,200.00
76827	DOPPLER ECHOCARDIOGRAPHY FETAL PULSED WAVE WITH SPECTRAL DISPLAY COMPLETE	\$543.00
99205	OUTPT NEW VST-LVL V	\$816.00
76815	ULTRASOUND PREG UTERUS REAL TIME W/IMAGE DOC LIMITED ONE/MORE FETUSES	\$359.00
99204	OUTPT NEW VST-LVL IV	\$649.00

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.