



## CU MEDICINE OBSTETRICS AND GYNECOLOGY - EAST DENVER, CO

Code	Description	FEE
99213	OUTPT ESTAB VST-LVL III	\$294.00
99395	PREV E & M ESTAB PT 18-39 YRS	\$356.00
99396	PREV E & M ESTAB PT 40-64 YRS	\$388.00
76830	ECHOGRAPHY TRANSVAGINAL	\$506.00
76817	ULTRASOUND PREGNANT UTERUS REAL TIME W/IMAGE DOCUMENTATION TRANSVAGINAL	\$405.00
90471	IMMUNIZATION ADMIN ONE VACCINE (SINGLE OR COMBIN VACCINE/TOXOID)	\$127.00
90715	TDAP VACCINE GT7 IM	\$162.00
76816	ULTRASOUND PREG UTERUS REAL TIME W/IMAGE DOC FOLLOW-UP TRANSABDMON APPR P/FETUS	\$470.00
J1050	INJECTION MEDROXYPROGESTERONE ACETATE 1 MG	\$0.84
99385	PREV E & M NEW PT 18-39 YRS	\$392.00
76805	ULTRASOUND PREG UTERUS AFTER 1ST TRIMESTER SINGLE/1ST GESTATION	\$586.00
81025	URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON METHODS	\$34.00
58300	INSERT INTRAUTERINE DEVICE (58300)	\$289.00
76813	ULTRASOUND PREG UTERUS 1ST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT	\$493.00
99212	OUTPT ESTAB VST-LVL II	\$179.00
99203	OUTPT NEW VST-LVL III	\$428.00

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.

