



CU MEDICINE UCHEALTH CHERRY CREEK MEDICAL CTR SUITE 304 - DENVER, CO

Code	Description	FEE
J0585	Injection, onabotulinumtoxina, 1 unit	\$10.00
99204	OUTPT NEW VST-LVL IV	\$649.00
31231	NASAL ENDOSCOPY DIAGNOSTIC UNI/BI-LATERAL	\$1,010.00
99213	OUTPT ESTAB VST-LVL III	\$294.00
1300309	INJECTABLE BOTOX	\$5.00
99214	OUTPT ESTAB VST-LEVEL IV	\$429.00
99203	OUTPT NEW VST-LVL III	\$428.00
92504	BINOCULAR MICROSCOPY (92504)	\$148.00
31579	LARYNGOSCOPY FLEXIBLE OR RIGID FIBEROPTIC WITH STROBOSCOPY	\$926.00
69210	REMOVAL IMPACTED CERUMEN REQ INSTRUMENTATION UNILATERAL	\$237.00
31575	LARYNGOSCOPY FLEXIBLE FIBEROPTIC DIAGNOSTIC	\$587.00
92524	BEHAVIORAL AND QUALITATIVE ANALYSIS VOICE AND RESONANCE	\$550.00
J0587	Injection, rimabotulinumtoxinb, 100 units	\$18.00
99205	OUTPT NEW VST-LVL V	\$816.00
99212	OUTPT ESTAB VST-LVL II	\$179.00

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.