



CU PH AMC HLTH CTR - AURORA, CO

Code	Description	FEE
J1050	INJECTION MEDROXYPROGESTERONE ACETATE 1 MG	\$0.84
99212	OUTPT ESTAB VST-LVL II	\$179.00
99213	OUTPT ESTAB VST-LVL III	\$294.00
99202	OUTPT NEW VST-LVL II	\$302.00
99214	OUTPT ESTAB VST-LEVEL IV	\$429.00
90471	IMMUNIZATION ADMIN ONE VACCINE (SINGLE OR COMBIN VACCINE/TOXOID)	\$127.00
99395	PREV E & M ESTAB PT 18-39 YRS	\$356.00
99441	TELEPHONE E/M ESTAB, PT, PARENT, GUARDIAN 5-10 MIN	\$193.00
99203	OUTPT NEW VST-LVL III	\$428.00
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$15.00
90746	HEP B VACCINE ADULT DOSAGE IM USE	\$338.00
90651	HUMAN PM VAC TYPES 6 11 16 18 31 33 45 52 58 NONVALENT 3 DOSE IM USE	\$287.00
99215	OUTPT ESTAB VST-LVL V	\$575.00
90715	TDAP VACCINE GT7 IM	\$162.00
99204	OUTPT NEW VST-LVL IV	\$649.00
Q0091	OBTAIN SCREENING PAP	\$173.00

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.

