



CU SOM OB GYN CLINIC - DENVER, CO

Code	Description	FEE
J1050	INJECTION MEDROXYPROGESTERONE ACETATE 1 MG	\$0.84
99152	MOD SED SAME PHYS/QHP INITIAL 15 MINS PT AGE 5 YEARS OR OLDER	\$256.00
3300120	STANDARD MEDICAL VISIT	\$450.00
58300	INSERT INTRAUTERINE DEVICE (58300)	\$289.00
1159841	INDUCED ABORTION, BY DILATION AND EVACUATION - PPS 6-10 WKS W/O VICODIN	\$350.00
59841	INDUCED ABORTION, BY DILATION AND EVACUATION	\$1,989.00
99212	OUTPT ESTAB VST-LVL II	\$179.00
J7297	LILETTA,52MG	\$940.00
76817	ULTRASOUND PREGNANT UTERUS REAL TIME W/IMAGE DOCUMENTATION TRANSVAGINAL	\$405.00
58301	REMOVE INTRAUTERINE DEVICE (58301)	\$478.00
99202	OUTPT NEW VST-LVL II	\$302.00
11981	INSERTION NON-BIODEGRADABLE DRUG DELIVER IMPLANT	\$718.00
1059841	INDUCED ABORTION, BY DILATION AND EVACUATION - PPS 6-10 WKS W/VICODIN	\$375.00
99213	OUTPT ESTAB VST-LVL III	\$294.00
59821	TREAT MISSED ABORTION COMPLETED SURG SECOND TRIMESTER	\$1,992.00

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.