	Self Pay Rates			Deductible Rates		
Imaging	Without contrast	With Contrast	With/with-out Contrast	Without contrast	With Contrast	With/with-out Contrast
MRI/MRA Other	$400	$475	$575	$200	$250	$375
MR Arthrogram	$775					
MRI Brain	$400	$475	$575	$200	$250	$375
MRI Chest	$450	$550	$650	$200	$250	$375
MRI Abdomen	$450	$550	$650	$200	$250	$375
MRI Female Pelvis	$400	$475	$575	$200	$250	$375
MRA Carotid (Neck)	$575			$200		
MRA Adominal Aorta	$575			$200		
MRA Renal	$575			$200		
MRA Lower Extremity	$650			$200		
MRA Upper Extremity	$650			$200		
Cardiac CTA (CCTA)	$500			$200		
Ultrasound Carotid Arteries	$200			$200		
Ultrasound General	$100			$100		
CT	$175	$225	$250	$175	$225	$250
CT Angiography	$375					
Sleep						
Sleep Study (95811)	$650			$600		
Home Sleep	$200			$150		
EEG						
EEG Routine (95816, 95819)	$400			$300		
EEG Ambulatory/24 hrs	$450			$400		
EEG Ambulatory/48 hrs	$900			$900		
EEG Ambulatory/72 hrs	$1,350			$1,350		
EEG Video per 24/hrs	$800			$800		
Office Visit						
Consult /New Patient	$300			$200		
Reval	$175			$150		
Nurse Visit	$32			$32		
Addiction Medicine New Patient	$350			$350		
Addiction Medicine Reval	$250			$250		
Psych-Social Worker	$150			$125		
Other Behavioral Health						
Neuropsych (90791, 96132, 96133, 96138, 96139)	$250, $150, $125, $50, $50 (each unit)			$250, $150, $125, $50, $50 (each unit)		
Psychotherapy (90833)	$70			$70		
Complexity (90785)	$15			$15		
Ketamine	$450					
Spravato (56mg)	$900			$800		
Spravato (84mg)	$1,300			$1,200		
Point of Care Toxicology Test	$10			$10		
Med Mgmt/Drug Screening	$75			$75		
TMS (90867/90868/total (30) treatments)	$557.65/$332.50/$10,200			$557.65/$332.50/$10,200		
Other						
EMG	$325			$325		
Analyze Pump & Programiing 95976	$65					
Botox Injection Headache (64615)	$150			$150		
Toxin Injection 64616 or 64612	$150			$150		
Botox (100u/200u increments)	$6.50/u			$6.50/u		
Xeomin (50u/100u increments)	5.00/u			5.00/u		
Daxxify	$4.20/u			$4.20/u		
Qutenza patch & Administration	$3.50 per sq cm/$450 admin			$3.50 per sq cm/$450 admin		
B-12 Injection	$25			$25		
Lumbar Puncture	$200			$200		
Occipital Block	$125			$125		
Occipital Block -Bi Lateral	$175			$175		
Occipital Bi-Lat Greater/Lesser	$265			$265		
Occipital Bi-Lat Greater/Lesser with Trigem	$365 (each trigeminal add on $100)			$365		

	Self Pay Rates		Deductible Rates	
Trigger Points (20553)	$75		$60	
SPG	$225		$225	
Trigeminals (each nerve)	$200		$200	
Doppler Carotid	$225		$225	
Doppler PAD	$75		$75	
TCD (Bubble 93892/93893)	$350		$350	
TCD Other	$300		$300	
Lower Venous (93971/93970)	$150/$225		$150/$225	
Injection with U/S (20611) unilateral	$120		$100	
C-Arm Destroy Cerv/Thor Facet Jnt (64633)	$500		$500	
C-Arm Destroy Cerv/Thor Facet each additional (64634)	$300		$300	
C-Arm Destry Lumb/Sac Facet JNT (64635)	$800	bilateral	$800	
C-Arm Destry Lumb/Sac Facet each additional (64636)	$400	bilateral	$400	
C-Arm Facet C or T Spine 64490 Single Level	$275	unilateral	$200	unilateral
C-Arm Facet C or T Spine 64491 Second Level	$150	unilateral	$100	unilateral
C-Arm Facet L/S 64493 First Level	$250	unilateral	$175	unilateral
C-Arm Facet L/S 64494 Second Level	$125	unilateral	$90	unilateral
Inj Foramen Epidural L/S (64483)	$315	unilateral	$250	unilateral
Inj Foramen Epidural L/S (64484) add-on	$125	unilateral	$125	unilateral
Epidural with Imaging Lumbar/Sacral/Caudal (62323)	$250		$250	
Urine Tox Lab (80307)	$80		$40	
Punch biopsy of Skin (11104/11105)	$125	(each add on $60)	$125	(each add on $60)
Carpal Tunnel Injection (20526)	$110	unilateral/$165 bilateral	$110	
Dizziness, Balance, and Tinnitus Center				
VNG Panel (92540; 92537)	$275		$200	
Posturography (92548) SOT only	$90		$60	
Posturography (SOT, MCT, ADP) 92549	$90		$60	
VEMP (92517, 92519)	$100		$65	
o VEMP (92518)	$85		$85	
Ear Microscopy (92504)	$40		$40	
Rotary Chair (92546)	$100		$95	
DVA (92548-portion)	$30		$50	
EcoG (92584)	$100		$120	
AVT 92700 (Adv Stim w binocular video for nystagmus or vHIT)	$100		$100	
SVV/SVH (92700)	$50		$50	
Spontaneous Nystagmus (92541)	$30		$30	
Optokinetic Nystasgmus (92544)	$20		$20	
Oscialling Tracking (92545)	$20		$20	
Tymp and Reflex (92550)	$25			
Comprehensive Hearing Test (92557)	$85			
Tympanometry (92567)	$35			
Cerumen Removal (69209 or 69210)	$60		$25	
Tinnitus Assessment (92625)	$125			
Tinnitus Counseling (TIN001)	$125			
Infusion Services				
IV Infusion (96365)	$125		$75	
IV Ea Add Hr (96366)	$65		$25	
IV Infusion Chemo (96413)	$220		$150	
IV Ea Add Hr Chemo (96415)	$125		$50	
Injection (96372)	$40		$20	
IV Push Initial (96374)	$75		$50	
IV Push Seq (96375)	$25		$25	
Headache Drugs (approx)	$50		$50	
Other Infusion Drugs (varies based on code and dosage and follows CMS Fee schedule)				