

## CASH PAY PATIENT PRICE LIST

### Prices Include Discount

| PEDIATRICIAN/NP - 30% DISCOUNT |          | SPECIALIST - 20% DISCOUNT |          |
|--------------------------------|----------|---------------------------|----------|
| New Patient - Sick             | \$107.80 | New Patient               | \$172.00 |
| Established Patient - Sick     | \$65.80  | Established Patient       | \$105.60 |

### Sports Exam Only

Flat Rate of \$40.00 and includes exam, hearing, vision and UA if necessary

as of 10/19/2016

### WELLNESS - 30% DISCOUNT

|                           |          |                                  |          |
|---------------------------|----------|----------------------------------|----------|
| 99381 (Birth - 1 yr. New) | \$91.00  | 99391 (Birth - 1yr. Established) | \$72.10  |
| 99382 (1-4 yr. New)       | \$97.30  | 99392 (1-4 yr. Established)      | \$79.80  |
| 99383 (5-11 yr. New)      | \$96.60  | 99393 (5-11 yr. Established)     | \$79.10  |
| 99384 (12-17 yr. New)     | \$104.30 | 99394 (12-17 yr. Established)    | \$94.50  |
| 99385 (18-21 yr. New)     | \$136.50 | 99395 (18-21 yr. Established)    | \$113.40 |

### PRICES INCLUDE HEARING, VISION, UA AND HEMOGLOBIN

Vaccine administration is \$15.00 for EACH Vaccine administered in Louisiana (For Patients Up To 18 Years Old who are eligible for VFC)

Vaccine administration is \$10.00 for EACH Vaccine administered in Mississippi (For Patients Up To 18 Years Old who are eligible for VFC)

\*\*VFC VACCINES ARE FOR PATIENTS BETWEEN 0-18 YEARS OLD WHO ARE MEDICAID ELIGIBLE, UNDERINSURED OR UNINSURED\*\*

\*\*VACCINES SHOULD BE TAKEN FROM PRIVATE STOCK FOR PATIENTS WHO ARE 19 YEARS OLD AND OLDER IF IT IS A MEDICAID COVERED VACCINE THEN THE PATIENT IS NOT CHARGED, IF MEDICAID DOESN'T COVER THE VACCINE THEN THE PATIENT MUST PAY \$15.00 FOR THE ADMINISTRATION PLUS CIMG'S COST FOR THE VACCINE\*\*

### TEST & PROCEDURES - 30% DISCOUNT

|                           |          |   |          |
|---------------------------|----------|---|----------|
| 81002 -UA (Sick Visit)    | \$10.50  | 10060 - I&D ABSCESS                     | \$94.50  |
| 81025 - UA PREGNANCY      | \$21.00  | 17250 - CHEM CAUTERIZATION              | \$70.00  |
| 86318 - MONO Test         | \$17.50  | 69210 - CERUMEN REMOVAL                 | \$51.80  |
| 87880 - STREP Test        | \$30.80  | 54450 - PREPUTIAL STRETCHING            | \$105.00 |
| 87807 - RSV-Test          | \$31.50  | 10120 - FB SKIN                         | \$105.00 |
| 87804 - FLU- Test         | \$31.50  | 30300 - FB NOSE                         | \$175.00 |
| 82962 - GLUGOSE Test      | \$12.60  | 69200 - FB EAR                          | \$98.00  |
| 83655 - LEAD              | \$21.00  | 17110-DES. LESIONS UP TO 14             | \$112.00 |
| 85018 - HGB (Sick Visit)  | \$10.50  | 17111-DES. LESIONS 15 OR MORE           | \$133.00 |
| 87502-ID now IAlere       | \$65.00  | 94640 - Inhalation Treatment            | \$31.50  |
| 54150 - Circumcision      | \$325.50 | 99212 - Sick Visit w/well w/Scrip Given | \$41.30  |
| 54450- Prepuce Stretching | \$105.00 | 86580 -PPD TB-Test                      | \$14.00  |
| 10160 -Puncture of Abcess | \$126.00 |   |          |

69090 - EAR PIERCING ( All Offices) \$35.00 The price applies to all patients (cash, private and medicaid patients)

### INJECTIONS - 30% DISCOUNT

PRICES DO NOT INCLUDED ADMINISTRATION

YOU MUST ALSO ADD \$15.00 FOR ADMINISTRATION OF EACH INJECTION

|  |                 |
|--|-----------------|
| J0290 - AMPICILLIN INJECTION (500mg=1 Unit)          | \$5.00 Per Unit |
| J0696 - RPCEPHIN (250mg=1 Unit)                      | \$5.00 Per Unit |
| J0702 - CELESTON (3mg=1 Unit)(Medicaid Does Not Pay) | \$9.80 Per Unit |
| J1200 - BENADRYL INJECTION (UP TO 50mg=1 Unit)       | \$1.40 Per Unit |
| J2550 - PHENERGAN INJECTION (UP TO 50mg=1 Unit)      | \$5.00 Per Unit |

Updated 2/6/2017