

## FEE SCHEDULE 2021 – 22

A “Self-Pay Discount” of 20% will be applied to the **TOTAL** charges if a self-pay patient elects to pay in full.

**For unlisted services charges please, contact the BTAMC Billing office at (814) 635-2916 option #3**

### NEW PATIENT VISIT

99202 - **\$110.00**  
99203 - **\$180.00**  
99204 - **\$204.00**  
99205 - **\$276.00**

### ESTABLISHED PATIENT VISIT

99212 - **\$80.00**  
99213 - **\$100.00**  
99214 - **\$175.00**  
99215 - **\$205.00**

### NEW PATIENT – PREVENTATIVE VISIT

99381 – < 1 **\$130.00**  
99382 – 1 to 4 Yrs. **\$139.00**  
99383 – 5 to 11 Yrs. **\$149.00**  
99384 – 12 to 17 Yrs. **\$159.00**  
99385 – 18 to 39 Yrs. **\$175.00**  
99386 – 40 to 64 Yrs. **\$200.00**  
99387 – 65 + Yrs. **\$225.00**

### ESTABLISHED PATIENT – PREVENTATIVE VISIT

99391 – < 1 **\$106.00**  
99392 – 1 to 4 Yrs. **\$113.00**  
99393 – 5 to 11 Yrs. **\$130.00**  
99394 – 12 to 17 Yrs. **\$132.00**  
99395 – 18 to 39 Yrs. **\$179.00**  
99396 – 40 to 64 Yrs. **\$195.00**  
99397 – 65 + Yrs. **\$140.00**

## ADDITIONAL SERVICE CHARGES

### WOMEN’S HEALTH EXAMS

S0610 – Annual GYN Exam (NEW) **\$140.00**  
S0612 – Annual GYN Exam (EST.) **\$120.00**  
S0613 – Annual Breast Exam **\$100.00**  
  
69209 – Ear Irrigation & Flush **\$15.50**  
69210 – Impacted Cerumen Removal **\$72.00**

### DIAGNOSTIC SERVICE CHARGES

93000 – EKG/ECG **\$35.00**  
81002 – Urinalysis **\$15.00**  
81025 – Urine Pregnancy Test **\$10.00**  
87804 – Influenza Assay **\$24.66**  
87807 – RSV Immunoassay **\$31.00**  
87880 – Strep. A Immunoassay **\$15.00**  
36415 – Venipuncture/Venous Blood Draw **\$5.00**

### INJECTIONS & IMMUNIZATIONS

86580 – PPD Placement & Read **\$20.00**  
90715 – Tdap Vaccine (any age) **\$55.00**  
95115 – Allergy Injection (Single) **\$20.00**  
95117 – Allergy Injection (Multi) **\$30.00**  
96372 – Therapeutic Injection **\$40.00**

### VACCINE ADMINISTRATION – non VFC Stock

90460 – Immunization for child, age 0-17 **\$36.00**  
90461 – Immunization for child, age 0-17 **\$19.00**  
90471 – Immunization for adult, age 18 & over **\$30.00**  
90472 – Immunization for adult, age 18 & over **\$25.00**

**Miscellaneous Form Fee – NO VISIT \$15.00**