

Self-Pay Charges & Prompt-Pay Discount Schedule (MEDICAL)

If patient elects to pay in full at time of visit, a **40% Prompt-Pay Discount** will be applied to the **TOTAL** charges.

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

NEW PATIENT VISIT

99202 – \$151 / **\$90.60**
 99203 – \$219 / **\$131.40**
 99204 – \$322 / **\$193.20**
 99205 – \$396 / **\$237.60**

ESTABLISHED PATIENT VISIT

99212 – \$98 / **\$58.80**
 99213 – \$146 / **\$87.60**
 99214 – \$220 / **\$132**
 99215 – \$298 / **\$178.80**

KNOW YOUR INSURANCE BENEFITS

**** The following services MAY or MAY NOT be covered by a patient's insurance carrier.
 ** Contact the member services number on the back side of insurance card to verify!**

NEW PATIENT – PREVENTATIVE VISIT

99381 – < 1 **\$231 / \$138.60**
 99382 – 1 to 4 Yrs. **\$250 / \$150**
 99383 – 5 to 11 Yrs. **\$255 / \$153**
 99384 – 12 to 17 Yrs. **\$305 / \$183**
 99385 – 18 to 39 Yrs. **\$320 / \$192**
 99386 – 40 to 64 Yrs. **\$361 / \$216.60**
 99387 – 65 + Yrs. **\$333 / \$199.80**

ADDITIONAL EVALUATION & MANAGEMENT

69209 – Ear Irrigation & Flush **\$40 / \$24**
 69210 – Impacted Cerumen Removal **\$112 / \$67.20**

ESTABLISHED PATIENT – PREVENTATIVE VISIT

99391 – < 1 **\$218 / \$130.80**
 99392 – 1 to 4 Yrs. **\$237 / \$142.20**
 99393 – 5 to 11 Yrs. **\$236 / \$141.60**
 99394 – 5 to 11 Yrs. **\$254 / \$152.40**
 99395 – 18 to 39 Yrs. **\$268 / \$160.80**
 99396 – 40 to 64 Yrs. **\$293 / \$175.80**
 99397 – 65 + Yrs. **\$309 / \$185.40**

DIAGNOSTIC SERVICE CHARGES

36415 – Venipuncture/Venous Blood Draw **\$20 / \$12**
 81002 – Urinalysis **\$15 / \$9.00**
 81025 – Urine Pregnancy Test **\$28 / \$16.80**
 87428 – Covid-19 Covid-19/ Flu Combo Test **\$101 / \$60.60**
 87804 – Influenza Assay **\$35 / \$21**
 87807 – RSV Immunoassay **\$31 / \$18.60**
 87880 – Strep. A Immunoassay **\$36 / \$21.60**
 93000 – EKG/ECG **\$62 / \$37.20**

INTEGRATED BEHAVIORAL HEALTH SERVICES

90791 – Diagnostic Eval (non-medical) **\$230 / \$138**
 90792 – Diagnostic Eval (medical) **\$416 / \$249.60**
 90832 – Individual Psychotherapy (16-37 min.) **\$116 / \$69.60**
 90834 – Individual Psychotherapy (38-52 min.) **\$151 / \$90.60**
 90837 – Individual Psychotherapy (53 + min.) **\$180 / \$108**
 90839 – Crisis Psychotherapy (initial 60 min.) **\$301 / \$180.60**
 90846 – Family/Couples Counseling w/o patient **\$147 / \$88.20**

VACCINE ADMINISTRATION – non VFC Stock

90460 – Immunization for child, age 0-17 **\$55 / \$33**
 90461 – Immunization for child, age 0-17 **\$34 / \$20.40**
 90471 – Immunization for adult, age 18 & over **\$43 / \$25.80**
 90472 – Immunization for adult, age 18 & over **\$34 / \$20.40**

MISCELLANEOUS EXAMS or PHYSICALS

99455 – DOT / CDL Exams (New or Est.) **\$231 / \$138.60**
 MISCPE – Miscellaneous Physicals & Exams (New or Est.) **\$75 / \$45**

INJECTIONS & IMMUNIZATIONS

86580 – PPD Placement & Read **\$24 / \$14.40**
 90715 – Tdap Vaccine (any age) **\$91 / \$54.60**
 95115 – Allergy Injection (Single) **\$28 / \$16.80**
 95117 – Allergy Injection (Multi) **\$30 / \$18**
 96372 – Therapeutic Injection **\$42 / \$25.20**

MISCELLANEOUS FORMS FEE

Complete a Form without a Visit – **\$20 / \$12**
(subject to a rendering provider's discretion)