



SELF PAY FEE SCHEDULE

If patient elects to pay in full at time of service, a **20% Self-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 - **\$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**

WOMEN'S HEALTH EXAMS

S0610 – Annual GYN Exam (New) **\$140.00**
 S0612 – Annual GYN Exam (Est.) **\$120.00**
 S0613 – Annual Breast Exam **\$100.00**

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 **\$125.00**
 99392 – 1 to 4 Yrs. **\$113.00**
 99393 – 5 to 11 Yrs. **\$130.00**
 99394 – 5 to 11 Yrs. **\$140.00**
 99395 – 18 to 39 Yrs. **\$179.00**
 99396 – 40 to 64 Yrs. **\$195.00**
 99397 – 65 + Yrs. **\$140.00**

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 **\$25.00**
 36415 – Venipuncture/Venous Blood Draw **\$5.00**

ADDITIONAL EVALUATION & MANAGEMENT

69209 – Ear Irrigation & Flush **\$15.50**
 69210 – Impacted Cerumen Removal **\$72.00**

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**

INTEGRATED BEHAVIORAL HEALTH SERVICES

90791 – Diagnostic Eval (non-medical) **\$171.00**
 90792 – Diagnostic Eval (medical) **\$200.00**
 90832 – Individual Psychotherapy (16-37 min.) **\$75.00**
 90834 – Individual Psychotherapy (38-52 min.) **\$95.00**
 90837 – Individual Psychotherapy (53 + min.) **\$138.00**
 90839 – Crisis Psychotherapy (initial 60 min.) **\$148.00**
 90840 – Crisis Psychotherapy (add. 30 min.) **\$76.00**
 90846 – Family/Couples Counseling w/o patient **\$134.00**
 90847 – Family/Couples Counseling with patient **\$144.00**

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