

SELF-PAY FEE SCHEDULE

If a 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**

99203 - **\$180**

99204 - **\$204**

99205 - **\$276**

ESTABLISHED PATIENT VISIT

99212 - **\$80**

99213 - **\$100**

99214 - **\$175**

99215 - **\$205**

WOMEN'S HEALTH EXAMS

S0610 – Annual GYN Exam (New) **\$140**

S0612 – Annual GYN Exam (Est.) **\$120**

S0613 – Annual Breast Exam **\$100**

NEW PATIENT – PREVENTATIVE VISIT

99381 – < 1 **\$150**

99382 – 1 to 4 Yrs. **\$139**

99383 – 5 to 11 Yrs. **\$149**

99384 – 12 to 17 Yrs. **\$159**

99385 – 18 to 39 Yrs. **\$175**

99386 – 40 to 64 Yrs. **\$200**

99387 – 65 + Yrs. **\$225**

ESTABLISHED PATIENT – PREVENTATIVE VISIT

99391 – < 1 **\$125**

99392 – 1 to 4 Yrs. **\$130**

99393 – 5 to 11 Yrs. **\$130**

99394 – 5 to 11 Yrs. **\$145**

99395 – 18 to 39 Yrs. **\$179**

99396 – 40 to 64 Yrs. **\$195**

99397 – 65 + Yrs. **\$140**

DIAGNOSTIC SERVICE CHARGES

93000 – EKG/ECG **\$35**

81002 – Urinalysis **\$15**

81025 – Urine Pregnancy Test **\$10**

87804 – Influenza Assay **\$24.66**

87807 – RSV Immunoassay **\$31**

87880 – Strep. A Immunoassay **\$25**

36415 – Venipuncture/Venous Blood Draw **\$5**

ADDITIONAL EVALUATION & MANAGEMENT

69209 – Ear Irrigation & Flush **\$15.50**

69210 – Impacted Cerumen Removal **\$72**

INJECTIONS & IMMUNIZATIONS

86580 – PPD Placement & Read **\$20**

95115 – Allergy Injection (Single) **\$20**

95117 – Allergy Injection (Multi) **\$30**

96372 – Therapeutic Injection **\$40**

INTEGRATED BEHAVIORAL HEALTH SERVICES

90791 – Diagnostic Eval (non-medical) **\$171**

90792 – Diagnostic Eval (medical) **\$200**

90832 – Individual Psychotherapy (16-37 min.) **\$75**

90834 – Individual Psychotherapy (38-52 min.) **\$95**

90839 – Crisis Psychotherapy (initial 60 min.) **\$148**

90840 – Crisis Psychotherapy (add. 30 min.) **\$76**

90846 – Family/Couples Counseling w/o patient **\$134**

90847 – Family/Couples Counseling with patient **\$144**

VACCINE ADMINISTRATION – non VFC Stock

90460 – Immunization for child, age 0-17 **\$55**

90461 – Immunization for child, age 0-17 **\$34**

90471 – Immunization for adult, age 18 & over **\$43**

90472 – Immunization for adult, age 18 & over **\$34**

Miscellaneous Form Fee – NO VISIT \$15