



**MILBRIDGE MEDICAL CENTER FAMILY PRACTICE
24 SCHOOL ST, MILBRIDGE ME
TOP PROCEDURE CODES WITH PRICES**

36415	Routine venipuncture	\$15.45
36416	Collection of capillary blood specimen	\$11.33
81002	Urinalysis, by dip	\$15.45
85610	Prothrombin time	\$30.08
87880	Streptococcus, group A	\$37.54
90471	Immunization administration 1 vaccine	\$16.48
90472	Immunization administration each additional vaccine	\$16.48
90658	Influenza virus vaccine	\$28.69
90670	Pneumococcal conjugate vaccine 13 valent, Prevnar	\$265.23
90715	Tdap, 7 years or older	\$161.14
96372	Administration of subcutaneous injection	\$35.23
99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory	\$21.17
99202	Office visit new patient, problem expanded	\$145.13
99203	Office visit new patient, detailed examination	\$205.74
99211	Office visit established patient, minimal	\$49.39
99212	Office visit established patient, focused	\$77.51
99213	Office visit established patient, expanded problem	\$102.85
99214	Office visit established patient, detailed exam	\$162.12
99391	Preventive medicine established patient infant	\$73.18

99392	Preventive medicine established patient 1-4 yrs old	\$146.52
99393	Preventive medicine established patient 4-11 yrs old	\$146.52
99394	Preventive medicine established patient 12-17 yrs old	\$205.69
99395	Preventive medicine established patient 18-39 yrs old	\$205.69
99396	Preventive medicine established patient 40-64 yrs old	\$219.75
99397	Preventive medicine established patient 65 and over	\$242.31
G0439	Annual wellness visit – Medicare	\$143.43
J0696	Injection, Rocephin per 250 mg	\$55.00
J3420	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg	\$6.39

**PAIN MANAGEMENT OFFICE PRACTICE
229 MAIN STREET, MACHIAS ME- REID EMERY MEDICAL BUILDING
TOP PROCEDURE CODES WITH PRICES**

62311	Injection(s), of diagnostic or therapeutic substance(s)	\$494.61
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint	\$686.19
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint	\$298.34
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet joint	\$686.19
64635	Destruction by neurolytic agent, paravertbrbral facet joint nerve lumbar or sacral, single facet joint unilateral	\$386.15
64636	Destruction by neurolytic agent, paravertbrbral facet joint nerve lumbar or sacral, each additional facet joint unilateral	\$220.68
99204	Office visit new patient, comprehensive exam	\$253.69
99213	Office visit established patient, expanded problem	\$102.85
99214	Office visit established patient, detailed exam	\$162.12

**ENT/OTOLARYNGOLOGY OFFICE PRACTICE
229 MAIN STREET- MACHIAS ME- REID EMERY MEDICAL BUILDING
TOP PROCEDURE CODES WITH PRICES**

31231	Nasal endoscopy, diagnostic	\$ 375.95
31575	Laryngoscopy, flexible fiberoptic; diagnostic	\$ 250.65
69210	Removal impacted cerumen	\$ 66.18
92552	Pure tone audiometry (threshold); air only	\$ 35.23
92504	Microscopic ear exam	\$ 56.39
92567	Tympanometry	\$ 52.07
99024	Postoperative follow-up visit	\$ 0.00
99203	Office visit new patient, detailed examination	\$ 205.74
99212	Office visit established patient, focused	\$ 77.51
99213	Office visit established patient, expanded problem	\$ 102.85

**PEDIATRIC OFFICE PRACTICE
11 HOSPITAL DRIVE, MACHIAS, ME
TOP PROCEDURE CODES WITH PRICES**

17110	Destruction of benign lesions up to 14 lesions	\$126.79
36416	Collection of capillary blood specimen	\$11.33
54150	Circumcision	\$211.41
69210	Removal impacted cerumen	\$66.18
81002	Urinalysis, by dip	\$15.45
85018	Blood count; hemoglobin (Hgb)	\$27.24
87880	Streptococcus, group A	\$37.54
90471	Immunization administration 1 vaccine	\$16.48
90472	Immunization administration each additional vaccine	\$16.48

90473	Immunization administration by intranasal or oral route; 1 vaccine	\$18.39
90474	Immunization administration by intranasal or oral route	\$18.39
94375	Respiratory flow volume loop	\$75.86
94640	Inhalation treatment with an aerosol generator, nebulizer, inhaler	\$22.56
94760	Pulse oximetry for oxygen saturation; single determination	\$36.62
96110	Developmental screening per standardized instrument	\$25.75
99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory	\$21.17
99211	Office visit established patient, minimal	\$49.39
99212	Office visit established patient, focused	\$77.51
99213	Office visit established patient, expanded problem	\$102.85
99214	Office visit established patient, detailed exam	\$162.12
99238	Hospital discharge day management; 30 minutes or less	\$143.63
99360	Physician standby service, requiring prolonged physician attendance, each 30 minutes	\$70.40
99391	Preventive medicine established patient infant	\$73.18
99392	Preventive medicine established patient 1-4 yrs old	\$146.52
99393	Preventive medicine established patient 4-11 yrs old	\$146.52
99394	Preventive medicine established patient 12-17 yrs old	\$205.69
99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	\$235.36
99462	Subsequent hospital care, per day, for evaluation and management of normal newborn	\$132.92
D1206	Dental Flouride Varnish	\$14.99

J2405	Zofran Injection, ondansetron HCl, per 1 mg	\$42.33
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**GENERAL SURGERY OFFICE PRACTICE
229 MAIN STREET, MACHIAS ME- REID EMERY MEDICAL BUILDING
TOP PROCEDURE CODES WITH PRICES**

43239	EGD with Biopsy, single or multiple	\$1101.28
45384	Colonoscopy with removal of tumor, polyp or lesion by hot biopsy forceps or bipolar cautery	\$1918.58
45385	Colonoscopy with removal of tumor, polyp or lesion by snare	\$1918.58
99000	Handling and/or conveyance of specimen for transfer from the physician office to a laboratory	\$21.17
99203	Office visit new patient, detailed exam	\$205.74
99213	Office visit established patient, expanded problem	\$102.85
99214	Office visit established patient, detailed exam	\$162.12
99222	Initial hospital care, moderate complexity	\$253.59
99232	Subsequent hospital care, moderate complexity	\$121.18
99243	Office visit consultation, detailed exam	\$268.62

**OBSTETRICS / GYNECOLOGY OFFICE PRACTICE
WOMEN'S HEALTH CENTER
11 HOSPITAL DRIVE, MACHIAS, ME
TOP PROCEDURE CODES WITH PRICES**

51700	Bladder irrigation and/or installation	\$197.30
58000	Insertion of IUD	\$219.75
58301	Removal of IUD	\$169.07

58571	Laparoscopy, total hysterectomy of uterus >250g	\$1549.07
59025	Fetal non-stress test	\$170.41
59400	Routine obstetric care vaginal delivery	\$2930.66
59510	Routine obstetric care cesarean delivery	\$3809.92
76815	Ultrasound pregnant uterus limited	\$326.87
81025	Urine pregnancy test	\$78.90
96372	Administration of subcutaneous injection	\$35.23
99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory	\$21.17
90715	Tdap, 7 years or older	\$161.14
99203	Office visit new patient, detailed exam	\$205.74
99211	Office visit established patient, minimal	\$49.39
99213	Office visit established patient, expanded problem	\$102.85
99214	Office visit established patient, detailed exam	\$162.12
99395	Preventive medicine established patient 18-39 yrs	\$205.69
99396	Preventive medicine established patient 40-64 yrs	\$219.75
J1885	Toradol per 15 mg	\$74.68
J7300	IUD Mirena	\$800.98

**FAMILY PRACTICE – REID EMERY MEDICAL BUILDING
229 MAIN STREET, MACHIAS ME- REID EMERY MEDICAL BUILDING
TOP PROCEDURE CODES WITH PRICES**

17000	Destruction, premalignant lesions, first lesion	\$253.23
17003	Destruction premalignant lesions; second through 14 lesions each	\$46.04

17110	Destruction of benign lesions up to 14 lesions	\$126.79
20610	Arthrocentesis major joint or bursa (eg, shoulder, hip, knee joint,)	\$190.29
36415	Routine venipuncture	\$15.45
36416	Collection of capillary blood specimen	\$11.33
69210	Removal impacted cerumen	\$66.18
80061	Lipid panel	\$50.11
81002	Urinalysis, by dip	\$15.45
82948	Glucose; blood	\$12.51
85610	Prothrombin time	\$30.08
90471	Immunization administration 1 vaccine	\$16.48
90472	Immunization administration each additional vaccine	\$16.48
90658	Influenza virus vaccine	\$28.69
90670	Pneumococcal conjugate vaccine, 13 valent, Prevnar	\$265.23
90715	T-dap, 7 years or older	\$161.14
90732	Pneumococcal polysaccharide vaccine 23-valent, adult	\$445.78
93000	Electrocardiogram, with interpretation and report	\$108.46
99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory	\$21.17
96372	Administration of subcutaneous injection	\$35.23
98925	OMT; 1-2 body regions	\$70.40
98926	OMT; 3-4 body regions	\$98.62
98927	OMT; 5-6 body regions	\$119.74
99203	Office visit new patient, detailed examination	\$205.74
99204	Office visit new patient, comprehensive exam	\$253.69

99211	Office visit established patient, minimal	\$49.39
99212	Office visit established patient, focused	\$77.51
99213	Office visit established patient, expanded problem	\$102.85
99214	Office visit established patient, detailed exam	\$162.12
99395	Preventive medicine established patient 18-39 yrs old	\$205.69
99396	Preventive medicine established patient 40-64 yrs old	\$219.75
99406	Smoking and tobacco use cessation counseling visit	\$38.42
G0439	Annual wellness exam – Medicare	\$143.43
J3301	Injection, triamcinolone acetonide, 10 mg	\$16.94
J3420	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg	\$6.39

**UROLOGY OFFICE PRACTICE
229 MAIN STREET, MACHIAS ME- REID EMERY MEDICAL BUILDING
TOP PROCEDURE CODES WITH PRICES**

52000	Cystourethroscopy	\$563.62
99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory	\$21.17
99203	Office visit new patient, detailed exam	\$205.74
99204	Office visit new patient, comprehensive exam	\$253.69
99212	Office visit established patient, focused	\$77.51
99213	Office visit established patient, expanded problem	\$102.85
99214	Office visit established patient, detailed exam	\$162.12

**ORTHOPEDIC OFFICE PRACTICE
11 HOSPITAL DRIVE, MACHIAS, ME
TOP PROCEDURE CODES WITH PRICES**

20600	Arthrocentesis small joint or bursa (eg, fingers, toes)	\$152.29
20605	Arthrocentesis intermediate joint or bursa (wrist, ankle, elbow)	\$163.36
20610	Arthrocentesis major joint or bursa (eg, shoulder, hip, knee joint,)	\$190.29
99202	Office visit new patient, problem expanded	\$145.13
99203	Office visit new patient, detailed examination	\$205.74
99212	Office visit established patient, focused	\$77.51
99213	Office visit established patient, expanded problem	\$102.85
99214	Office visit established patient, detailed exam	\$162.12
J3301	Injection, triamcinolone acetonide, 10 mg	\$16.94
J7324	Orthovisc, per dose	\$1703.52
J7325	Synvisc or Synvisc-one injection per 1 mg	\$58.30

**INPATIENT COST FOR DECH TOP ADMISSIONS- prices effective 1-1-2017
11 HOSPITAL DRIVE, MACHIAS, ME**

775	Vaginal Delivery	\$ 8,724.05
795	Normal Newborn	\$ 1,901.85
795	Neonate w significant problems	\$ 2,550.30
194	Simple pneumonia and pleurisy with CC	\$ 15,727.53
195	Simple pneumonia and pleurisy without CC	\$ 14,061.68
765	Cesarean section	\$ 17,729.16
392	Gastroenteritis and misc. digestive disorder	\$ 14,057.74

192	COPD without CC	\$ 12,015.09
470	Major Joint Replacement	\$ 45,590.99
191	COPD with MCC	\$ 18,670.50
690	Kidney and UTI	\$ 10,235.71
293	Heart Failure and Shock with CC/MCC	\$ 13,913.68
603	Cellulitis without MCC	\$ 12,518.86
190	COPD with MCC	\$ 20,114.57
292	Heart failure and shock with CC	\$ 16,591.28
795	Cesarean section with CC/MCC	\$ 19,352.21
897	Alcohol/Drug abuse or dependence w/o rehab	\$ 12,853.22
189	Pulmonary edema and resp failure	\$ 14,374.22
193	Simple pneumonia and pleurisy with MCC	\$ 20,163.84
774	Vaginal delivery w/ complicating diagnosis	\$ 10,525.76
282	Acute MI without CC/MCC	\$ 9,262.86
309	Cardiac arrhythmia	\$ 14,910.01
389	GI obstruction with CC	\$ 15,594.96
390	GI obstruction without CC MCC	\$ 13,127.61
291	Heart Failure and Shock with MCC	\$ 12,950.78

*Bed rate for 2017 is \$1,586.29

**Swing bed rate is \$ 631.11

*Nursery rate is \$ 667.12

**OUTPATIENT SURGICAL PROCEDURES
11 HOSPITAL DRIVE, MACHIAS, ME**

Colonoscopy with polypectomy	\$4017.00
Surgeon	\$1918.89
EGD with biopsy	\$3811.00
Surgeon	\$1534.70
Cystoscopy	\$2987.00
Surgeon	\$ 563.41
Myringotomy	\$3193.00
Surgeon	\$ 344.02
Laparoscopic cholecystectomy	\$15,450.00
Surgeon	\$2813.96
Hemorrhoid ligation	\$5974.00
Surgeon	\$383.16
D&C	\$4532.00
Surgeon	\$769.41
Carpal Tunnel Release	\$5974.00
Surgeon	\$986.74
Prostate Needle Biopsy	\$4274.50
Surgeon	\$563.41
Endometrial ablation	\$11227.00
Surgeon	\$4761.69
Septoplasty	\$10712.00
Surgeon	\$1002.19
Tonsillectomy and adenoidectomy	\$9888.00
Surgeon	\$595.34
Laparoscopic incisional hernia repair	\$15450.00
Surgeon	\$3836.75
Adenoidectomy	\$6695.00
Surgeon	\$469.68
Supracervical hysterectomy	\$24720.00

Surgeon	\$2791.30
Vasectomy	\$10506.00
Surgeon	\$1126.82
Circumcision, non-infant	\$10300.00
Surgeon	\$818.85
Laparoscopic umbilical hernia repair	\$18231.00
Surgeon	\$3836.75

Prices above include anesthesia, which is charged at the rate of \$20.60 per minute for a CRNA and \$20.96 for an anesthesiologist.

**EMERGENCY ROOM FEES
11 HOSPITAL DRIVE, MACHIAS, ME**

Emergency Room Fee Brief:	\$ 170.10
Emergency Room Fee Comprehensive:	\$ 594.00
Emergency Room Fee Critical Care:	\$1153.55
Emergency Room Fee Extended:	\$ 508.90
Emergency Room Fee Intermediate:	\$ 338.75
Emergency Room Fee Limited:	\$ 211.95
Apply Cast (Most)	\$ 119.45
Control Nosebleed	\$ 220.85
Excise Lesion (Based on cm and body part)	\$467.10 to \$1608.75
Treatment of Most Fractures	\$ 338.75
Injection IV	\$ 186.50
Injection Subcutaneous or Intra muscular	\$ 67.15
Repair of Laceration (Most)	\$ 253.65

Remove Foreign Body Cornea	\$ 322.35
Ankle Strapping	\$ 119.45
I & D Cyst	\$ 134.25
I & D Hematoma	\$ 85.05
Small Burn Treatment	\$ 128.30
Remove Foreign Body Eye	\$ 338.75
Ear Syringing	\$ 101.55

**EMERGENCY PHYSICIAN FEES
11 HOSPITAL DRIVE, MACHIAS, ME**

Physician Fee Brief	\$ 46.25
Physician Fee Comprehensive	\$ 283.55
Physician Fee Extended	\$ 214.95
Physician Fee Intermediate	\$ 180.55
Physician Fee Limited	\$ 140.35
Critical Care First Hour	\$ 847.75
Apply Cast	\$140.35 to \$ 188.00
Control Nosebleed	\$189.45 to \$ 335.75
Excise Lesion	\$237.20 to \$ 423.75
Treatment of Fracture	\$ 88.35 to \$1232.95
Repair of Laceration	\$185.10 to \$ 759.65
Remove Foreign Body Cornea	\$ 177.55
Ankle Strapping	\$ 229.80
I & D Cyst	\$ 137.10

I & D Hematoma	\$ 222.45
Small Burn Treatment	\$ 195.55
Remove Foreign Body Eye	\$ 177.55
Ear Syringing	\$ 99.95

Please Note:

The cost of emergency room services may vary significantly from the amount noted above for a variety of reasons, some of which are noted below:

- These estimates do not consider radiologist, other laboratory or pathology charges, or drugs and supplies.
- Actual services provided may be different from the estimated amount because of change of diagnosis.
- Diagnostic tests and supplies used during a visit to the emergency department are separate charges.
- Changes may arise in the patient's condition necessitating more or less care and/or supplies.
- Physician procedures can influence the length of time and supplies used for a procedure.

**MOST COMMON LABOATORY FEES
11 HOSPITAL DRIVE, MACHIAS, ME**

Cost of blood draw is \$4.00 per day

TEST NAME	PRICE	CPT CODE
A1C HEMOGLOBIN	\$ 90.20	83036
ABG ARTERIAL BLOOD GASES	\$ 251.40	82803
ALCOHOL	\$ 208.80	80320
BETA-HCG (QUALITATIVE)	\$ 110.15	84703
BETA-HCG (QUANTITATIVE)	\$ 204.90	84702
BMP	\$ 69.15	80048
CA 125	\$ 442.15	86304
CALCIUM TOTAL	\$ 23.25	82310
CARCINOEMBRYONIC ANTIGEN CEA	\$ 311.65	82378
CBC WITHOUT DIFF	\$ 72.90	85027

CHOLESTEROL	\$ 23.25	82465
CMP	\$ 89.15	80053
CULTURE THROAT STREP SCREEN	\$ 63.10	87081
CULTURE URINE COLONY COUNT	\$ 132.05	87086
DIGOXIN	\$ 100.65	80162
DRUG SCREEN URINE	\$ 105.05	80306
FREE T-3	\$ 126.25	84481
FREE T-4	\$ 80.15	84439
GLUCOSE	\$ 23.25	82947
GROUP B STREP CULTURE	\$ 107.50	87081
GTT 2 HOUR NON-GESTATIONAL	\$ 52.00	82950
GTT ONE HOUR POST DOSE GESTATIONAL	\$ 52.00	82950
HDL CHOLESTEROL	\$ 161.40	83718
HEMATOCRIT	\$ 27.10	85014
HEMOGLOBIN	\$ 27.10	85018
LDL CHOLESTEROL	\$ 74.40	83721
LEAD SCREEN ADULT	\$ 75.45	83655
LEAD SCREEN PEDIATRIC	\$ 79.20	83655
LIPID PROFILE	\$ 86.85	80061
LIVER PANEL	\$ 66.60	80076
LYME AB IGG/IGM WITH REFLEX	\$ 131.15	86618
MAGNESIUM	\$ 27.65	83735
MONOTEST	\$ 70.90	86308
OCCULT BLOOD (COLORECTAL CA SCREEN)	\$ 47.05	82274
PHLEBOTOMY THERAPEUTIC	\$ 268.55	99195
PREGNANCY TEST URINE	\$ 75.55	81025
PSA DIAGNOSTIC	\$ 62.45	84153
PSA SCREENING	\$ 65.60	84153
PT (PROTHROMBIN TIME)	\$ 67.40	85610
PTT (APTT)	\$ 118.45	85730
RA (RHEUMATOID FACTOR TITER)	\$ 138.25	86431
SEDRATE ESR SEDIMENTATION RATE	\$ 103.35	85651
SEMEN ANALYSIS	\$ 323.95	89320
SEMEN ANALYSIS POST VASECTOMY	\$ 114.60	89310
STONE ANALYSIS	\$ 150.05	82365
TICK-BORNE DISEASE PANEL BY PCR	\$ 1,212.75	87798
TRIGLYCERIDES	\$ 118.45	84478
TSH	\$ 90.20	84443
URINE MICROSCOPIC ONLY	\$ 24.20	81015
URINE PROTEIN 24HR	\$ 114.60	84156

**MOST COMMON ANCILLARY TEST FEES
11 HOSPITAL DRIVE, MACHIAS, ME**

DIETARY CONSULTATION, PER 15 MINUTES	\$ 34.30
CARDIAC REHAB, PHASE 2, PER VISIT	\$ 155.20
SLEEP STUDY	\$ 2,565.35
INTERPRETATION	\$ 265.25
HOME SLEEP STUDY	\$ 212.20
INTERPRETATION	\$ 123.60
ECHOCARDIOGRAM	\$ 2,456.20
INTERPRETATION	\$ 213.45
PULMONARY FUNCTION TEST	\$ 241.80
INTERPRETATION	\$ 28.70
NM SPECT BONE	\$ 2,922.10
READ	\$ 286.55
NM SPECT MULTI CARDIAC	\$ 4,879.95
READ	\$ 655.05
NM SPECT SINGLE CARDIAC	\$ 4,415.85
READ	\$ 299.95
NM BONE SCAN WHOLE BODY	\$ 1,214.75
READ	\$ 211.95
NM BONE SCAN 3 PHASE	\$ 1,110.30
READ	\$ 244.75
NM BONE MULTI	\$ 940.15
READ	\$ 232.80
NM CARDIAC STRESS TEST ONLY	\$ 434.40
READ	\$ 225.30
CT ABDOMEN/PELVIS WITH AND WITHOUT CONTRAST	\$ 3,844.30
READ	\$ 552.20
CT ABDOMEN/PELVIS WITH CONTRAST	\$ 3,110.00
READ	\$ 590.90
CT ABDOMEN/PELVIS WITOUT CONTRAST	\$ 2,617.60
READ	\$ 552.20
CT WITH CONTRAST	\$ 1,554.95
READ	\$ 282.10
CT WITH AND WITHOUT CONTRAST	\$ 1,922.20
READ	\$ 295.50
CT WITHOUT CONTRAST	\$ 1,308.75
READ	\$ 264.05
CT RENAL STONE WITH AND WITHOUT CONTRAST	\$ 928.20
READ	\$ 338.75
CT RENAL STONE WITH CONTRAST	\$ 843.20

READ	\$ 308.90
CT RENAL STONE WITHOUT CONTRAST	\$ 644.55
READ	\$ 288.15
CT SINUS SCREENING	\$ 919.35
READ	\$ 279.10
MRA MRI WITH AND WITHOUT CONTRAST	\$ 2,381.20
READ	\$ 410.40
MRA MRI WITH CONTRAST	\$ 1,796.65
READ	\$ 262.65
MRA MRI WITHOUT CONTRAST	\$ 1,665.00
READ	\$ 262.65
MRA MRI MRCP	\$ 1,665.00
READ	\$ 234.20
US DOPPLER BILATERAL	\$ 1,026.70
READ	\$ 126.80
US DOPPLER SINGLE	\$ 591.00
READ	\$ 138.90
US ABDOMINAL COMPLETE	\$ 770.10
READ	\$ 198.50
US PELVIC NON-OB	\$ 752.05
READ	\$ 173.15
US TRANSVAGINAL NON-OB	\$ 386.45
READ	\$ 173.15
US GALLBLADDER	\$ 720.85
READ	\$ 146.30
US RENAL BILATERAL	\$ 685.05
READ	\$ 182.05
US AAA SCREENING	\$ 634.25
READ	\$ 182.05
US ABDOMINAL AORTA	\$ 634.25
READ	\$ 182.05
US LIVER OR SPLEEN	\$ 577.55
READ	\$ 146.30
US THYROID	\$ 501.45
READ	\$ 138.90
US BREAST SINGLE	\$ 485.00
READ	\$ 114.90
XR ACUTE ABDOMEN SERIES	\$ 453.65
READ	\$ 80.60
XR LUMBAR SPINE, CERVICAL SPINE 5 VIEWS	\$ 453.65
READ	\$ 77.55
XR RIBS BILAT 4 VIEW WITH PA CHEST	\$ 453.65
READ	\$ 79.10

XR CHEST COMPLETE MINIMUM 4 VIEWS	\$ 453.65
READ	\$ 74.60
XR KNEE 4 OR MORE VIEWS	\$ 443.20
READ	\$ 43.25
XR SINUSES COMPLETE	\$ 440.15
READ	\$ 62.60
XR SHOULDER 3 VIEWS	\$ 367.10
READ	\$ 46.25
XR LUMBAR SPINE 3, CERVICAL SPINE VIEWS	\$ 359.70
READ	\$ 53.65
XR EXTREMITY, MOST, 3-4 VIEWS	\$ 308.90
READ	\$ 43.25
XR EXTREMITY, MOST 1-2 VIEWS	\$ 268.60
READ	\$ 32.85
XR ORBITS MRI SCREEN	\$ 52.25
READ	\$ 49.30
XR I V P	\$ 928.20
READ	\$ 325.70
DIGITAL SCREENING MAMMO BILATERAL	\$ 326.85
READ	\$ 147.45
DIGITAL MAMMO SCREENING UNILAT	\$ 285.45
READ	\$ 123.90
DIGITAL DIAGNOSTIC MAMMO BILATERAL	\$ 391.05
READ	\$ 147.75
BONE DENSITY HIPS/PELVIS/SPINE	\$ 337.15
READ	\$ 68.70
US OB TRANSVAGINAL	\$ 422.30
READ	\$ 140.75
US OB > 14 WKS MULT GEST	\$ 870.10
READ	\$ 277.60
US OB COMP 2ND TRI SURVEY	\$ 828.20
READ	\$ 277.60
US OB BIOPHYSICAL PROFILE	\$ 701.45
READ	\$ 188.00
EKG	\$ 241.80
EKG INTERPRETATION	\$ 49.30

Please be advised that prices listed are provided ONLY as an estimate. Other services such as drugs and supplies may greatly affect the final cost of services.

For further information, or for pricing related to a service not listed above, please call the Down East Community Hospital Business Office at 255-3356.