

Senate Bill 65

In accordance with *Senate Bill 65: Transparency in Health Care Prices* below is a list of CCVSA's most commonly provided services.

Procedure Code	Description	Self-Pay Charge Amount
99204	NEW PATIENT OFFICE VISIT 45 MIN	\$295.00
99213	ESTABLISHED PATIENT VISIT 15 MIN	\$142.00
93971	BILATERAL VENOUS ULTRASOUND	\$349.00
93922	UPR/L XTREMITY ART 2 LEVELS	\$253.00
93880	CAROTID ARTERY ULTRASOUND	\$528.00
99222	INITIAL HOSPITAL CARE 50 MIN	\$253.00
99203	NEW PATIENT OFFICE VISIT 30 MIN	\$210.00
99223	INITIAL HOSPITAL CARE 70 MIN	\$366.00
93926	LOWER EXTREMITY ULTRASOUND	\$395.00
99232	SUBSEQUENT HOSPITAL CARE 25 MIN	\$203.00
99212	ESTABLISHED PATIENT VISIT 10 MIN	\$78.00
99214	ESTABLISHED PATIENT VISIT 25 MIN	\$218.00
93978	AORTA ULTRASOUND	\$467.00
99205	NEW PATIENT OFFICE VISIT 60 MIN	\$370.00
93970	UNILATERAL VENOUS ULTRASOUND	\$520.00

Disclosures:

- The price for any given health care service is an estimate and that the actual charges are dependent on the circumstances at the time the service is rendered.
- If you are covered by health insurance, you are strongly encouraged to consult with your health insurer to determine accurate information about your financial responsibility for a particular health care service provided by a health care provider at this office. If you are not covered by health insurance, you are strongly encouraged to contact our billing office at 303-778-6527 to discuss payment options prior to receiving health care service from a health care provider at this office since posted health care prices may not reflect the actual amount of your financial responsibility.