

Costs of Most Common Medical Services - Transparency in Health Care Prices Act

Community health centers offer service to all individuals regardless of insurance status or ability to pay. Patients in households with incomes below 200% of the Federal Poverty Level (FPL) receive discounts on a sliding fee scale. Patients with incomes less than 100% FPL pay a nominal fee.

Below are some of the most common services provided. The costs below represent the cost of services for self-pay patients and do not take into account any coverage from Medicaid, Medicare, or private health insurance. Contact us if you would like help enrolling in health insurance coverage.

| Current Procedural Terminology (CPT) Code | Service Description | Self-Pay Costs | | | | | |
|--|--|-----------------------------|---------------------------|---------------------------|---------------------------|---------------------------|-----------------------------|
| | | Income Below 100% FPL | Income 100-125% FPL | Income 125-150% FPL | Income 150-175% FPL | Income 175-200% FPL | Income Above 200% FPL |
| 99212 | Established Patient Visit, Straight Forward | \$30.00 | \$31.00 | \$37.00 | \$55.00 | \$74.00 | \$92.00 |
| 99213 | Established Patient Visits, Low | \$30.00 | \$31.00 | \$60.00 | \$90.00 | \$120.00 | \$150.00 |
| 99214 | Established Patient Visits, Moderate | \$30.00 | \$40.00 | \$80.00 | \$120.00 | \$160.00 | \$200.00 |
| 99203 | New Patient Office Visit, Low | \$30.00 | \$41.00 | \$81.00 | \$122.00 | \$162.00 | \$203.00 |
| G0467 | FQHC-Established Patient Visit, Face to Face | \$30.00 | \$40.00 | \$80.00 | \$120.00 | \$160.00 | \$200.00 |
| 84153 | Prostate Specific Antigen | \$20.00 | \$24.00 | \$47.00 | \$71.00 | \$94.00 | \$118.00 |
| 87880 | Strip A Assay W/Optic | \$20.00 | \$21.00 | \$22.00 | \$23.00 | \$24.00 | \$25.00 |
| 85025 | Complete CBC, W/Auto Diff WBC | \$20.00 | \$21.00 | \$22.00 | \$23.00 | \$24.00 | \$30.00 |
| 84443 | Thyroid Stimulating hormone (TSH) | \$20.00 | \$21.00 | \$40.00 | \$60.00 | \$80.00 | \$100.00 |
| 83036 | A1C HGB | \$20.00 | \$21.00 | \$22.00 | \$34.00 | \$45.00 | \$56.00 |
| 81025 | Pregnancy Test, Urine | \$20.00 | \$21.00 | \$22.00 | \$23.00 | \$24.00 | \$30.00 |
| 81003 | Urinalysis, Auto W/O Scope | \$20.00 | \$21.00 | \$22.00 | \$23.00 | \$24.00 | \$25.00 |
| 80061 | Lipid Panel | \$20.00 | \$21.00 | \$22.00 | \$31.00 | \$42.00 | \$52.00 |
| 80053 | Comprehensive Metabolic Panel | \$20.00 | \$21.00 | \$26.00 | \$39.00 | \$52.00 | \$65.00 |
| 87635 | SARS-Cov2 Test | \$20.00 | \$26.00 | \$52.00 | \$78.00 | \$104.00 | \$130.00 |
| 87428 | SARS covid & Flu A B | \$20.00 | \$23.00 | \$46.00 | \$69.00 | \$92.00 | \$115.00 |
| 90471 | Immunization Admin w/o counseling | \$20.00 | \$21.00 | \$22.00 | \$31.00 | \$41.00 | \$51.00 |
| 90674 | Influenza Flucelvax Quad 6 month and up | \$20.00 | \$21.00 | \$26.00 | \$39.00 | \$52.00 | \$65.00 |
| 91315 | Covid-19 Moderna Bivalent | \$20.00 | \$21.00 | \$26.00 | \$39.00 | \$52.00 | \$65.00 |

We can help you determine whether you qualify for sliding fee scale discounts or if you are eligible for health care coverage to help cover the cost of care.

This document will be updated annually by CFO and will be displayed on the Fairfax Medical Facilities, Inc. website.

Please contact 918-642-3100 or litshaj@fairfaxclinic.com with any questions.