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
99214	Established Patient Visits, Moderate	$30.00	$40.00	$80.00	$120.00	$160.00	$200.00
99213	Established Patient Visits, Low	$30.00	$31.00	$60.00	$90.00	$120.00	$150.00
99204	New PT, Comprehensive OV, Level 4	$30.00	$62.00	$125.00	$187.00	$250.00	$312.00
80053	Comprehensive Metabolic Panel	$20.00	$21.00	$26.00	$39.00	$52.00	$65.00
85025	Complete CBC, W/Auto Diff WBC	$20.00	$21.00	$22.00	$23.00	$24.00	$30.00
80061	Lipid Panel	$20.00	$21.00	$22.00	$31.00	$42.00	$52.00
83036	A1C HGB	$20.00	$21.00	$22.00	$34.00	$45.00	$56.00
84443	Thyroid Stimulating hormone (TSH)	$20.00	$21.00	$40.00	$60.00	$80.00	$100.00
87428	SARS covid & Flu A B	$20.00	$23.00	$46.00	$69.00	$92.00	$115.00
81003	Urinalysis, Auto W/O Scope	$20.00	$21.00	$22.00	$23.00	$24.00	$25.00
87086	Urine Culture / Colony Count	$20.00	$21.00	$24.00	$36.00	$48.00	$60.00
82306	VITAMIN D TOTAL	$20.00	$42.00	$84.00	$126.00	$168.00	$210.00
84153	Prostate Specific Antigen	$20.00	$24.00	$47.00	$71.00	$94.00	$118.00
J1010	Depo Medrol 80MG/ML	$15.00	$16.00	$17.00	$21.00	$28.00	$35.00
82043	Microalbumin, Quantitative (IH)	$20.00	$21.00	$22.00	$23.00	$24.00	$25.00
99396	Preventive Care Est Pt. Age 40-64	$30.00	$53.00	$106.00	$159.00	$212.00	$265.00
96372	Therapeutic, prophylactic, or diagnostic injection	$15.00	$16.00	$18.00	$28.00	$37.00	$46.00
J1100	Dexamethasone Sodium Phosphate 1 MG INJ	$15.00	$16.00	$17.00	$18.00	$19.00	$20.00
81528	Oncology Colorectal Screening	$20.00	$130.00	$260.00	$389.00	$519.00	$649.00
82607	Vitamin B-12 Total	$20.00	$23.00	$46.00	$68.00	$91.00	$114.00

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 medicalbilling@fairfaxclinic.com with any questions.

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