

NEW MEDICAL PATIENTS

CPT CODE	DESCRIPTION	CHARGES @ 100%	CHARGES @ 5%	CHARGES @ 10%	CHARGES @ 20%	CHARGES @ 25%	CHARGES @ 35%	CHARGES @ 45%	CHARGES @ 50%	CHARGES @ 55%	CHARGES @ 85%
99205	Comprehensive Visit	\$490	\$25	\$49	\$98	\$123	\$172	\$221	\$245	\$270	\$416.50
99204	Intermediate Visit	\$350	\$18	\$35	\$70	\$88	\$123	\$158	\$175	\$193	\$297.50
99203	Limited Visit	\$240	\$12	\$24	\$48	\$60	\$84	\$108	\$120	\$132	\$204.00
99202	Brief Visit	\$160	\$8	\$16	\$32	\$40	\$56	\$72	\$80	\$88	\$136.00
99201	Minimal Visit	\$85	\$4	\$9	\$20	\$25	\$30	\$38	\$43	\$47	\$72.25

ESTABLISHED MEDICAL PATIENTS

CPT CODE	DESCRIPTION	CHARGES @ 100%	CHARGES @ 5%	CHARGES @ 10%	CHARGES @ 20%	CHARGES @ 25%	CHARGES @ 35%	CHARGES @ 45%	CHARGES @ 50%	CHARGES @ 55%	CHARGES @ 85%
99215	Comprehensive Visit	\$320	\$16	\$32	\$64	\$80	\$112	\$144	\$160	\$176	\$272.00
99214	Intermediate Visit	\$225	\$11	\$23	\$45	\$56	\$79	\$101	\$113	\$124	\$191.25
99213	Limited Visit	\$150	\$8	\$15	\$30	\$38	\$53	\$68	\$75	\$83	\$127.50
99212	Brief Visit	\$90	\$5	\$9	\$20	\$25	\$32	\$41	\$45	\$50	\$76.50
99211	Minimal Visit	\$50	\$3	\$5	\$20	\$25	\$18	\$23	\$25	\$28	\$42.50

*Discounts apply to entire fee which includes provider services, labs, and other procedures.
Medications are not included in the fee.*