

**Colorado Springs - Common Charges**

<b>Code</b>	<b>Description</b>	<b>Fee</b>
Q9967	Low Osmolar Contrast Material 300-399mg/ml Iodine Per 100ml	\$ 124.00
J1885	Injection Ketorolac Per 15mg	\$ 65.00
99283	ER Facility Fee Level 3	\$ 1,075.00
J2405	Injection Ondansetron Per 1mg	\$ 87.00
99284	ER Facility Fee Level 4	\$ 1,600.00
36415	Collection of Venous Blood	\$ 25.00
85025	Complete CBC W/Auto Diff WBC	\$ 450.00
J8540	Oral Dexamethasone Per 0.25mg	\$ 15.00
96372	Administration SC IM Injection	\$ 350.00
J7512	Oral Prednisone Per 1mg	\$ 3.00
81003	Urinalysis, Automated W/O Microscopy	\$ 45.00
J0696	Injection Ceftriaxone Sodium Per 500mg	\$ 6.00
80053	Comprehensive Metabolic Panel	\$ 450.00
J7030	Injection Normal saline solution Per 1liter	\$ 15.00
96374	IV Push Single Initial	\$ 350.00
96375	IV Push Each Additional	\$ 250.00
J1100	Injection Dexamethasone Sod Phosph Per 1mg	\$ 10.00
93000	Electrocardiogram Complete	\$ 164.00
99285	ER Facility Fee Level 5	\$ 2,300.00
81025	Urine Pregnancy Test	\$ 150.00
87804	Influenza Types A and B Each	\$ 225.00
82947	Assay Blood Glucose Quant	\$ 16.00
80051	Electrolyte Panel	\$ 58.00
82565	Assay Creatinine Blood	\$ 21.00
84520	Assay Urea Nitrogen	\$ 33.00

**Colorado SB 65 Disclosure:** Common charges are estimates. The actual charges for healthcare 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 service provided by this facility. If you are not covered by health insurance, you are strongly encouraged to contact our billing office at 817-527-3403 to discuss payment options, discounts, and financial assistance programs prior to receiving care since posted common prices may not reflect the total or actual amount of your financial responsibility. **All patients are encouraged to receive a no charge medical screening evaluation.**