

Colorado Springs - Common Charges

Code	Description	Fee
36415	Collection of Venous Blood	\$25.00
80053	Comprehensive Metabolic Panel	\$1,429.00
81003	Urinalysis Auto WO Micro	\$7.00
81025	Urine Pregnancy Test	\$22.00
82553	Creatine MB Fraction	\$430.00
85025	Complete CBC W/Auto Diff WBC	\$24.00
87804	Influenza Types A & B	\$41.00
87880	Streptococcus Group A	\$41.00
93000	Electrocardiogram Complete	\$22.00
96361	IV Inf Hydration Addtl 1 Hr	\$33.00
96372	Admin Inj SC IM	\$50.00
96374	IV Push Single Or Initial Drug	\$111.00
96375	IV Push Ea Addtl Seq Single New Drug	\$43.00
99202	E&M NP Level 2	\$182.00
99203	E&M NP Level 3	\$262.00
99283	ER Facility Fee Level 3	\$1,713.00
99284	ER Facility Fee Level 4	\$3,098.00
J0696	Inj Ceftriaxone Sodium (Rocephin) 250 MG	\$10.00
J1100	Injection Dexamethasone	\$15.00
J1885	Injection Ketorolac	\$20.00
J2405	Injection Ondansetron	\$5.00
J7030	Infusion Normal Saline Solu 1000cc	\$25.00
J7512	Oral Prednisone	\$3.00
J8540	Oral Dexamethasone	\$5.00
Q9967	Low Osmolar Contrast	\$124.00

Colorado SB 65 and 18-146 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.**