

PHYSICIAN AND SPECIALIST PROVIDER FEE SCHEDULE

Family and General Practice Consultation Fees

Initial Office Visit	\$25.00
Follow-Up Office Visit	\$20.00

Specialist Physician Practice Consultation Fees

Initial Office Visit	\$60.00
Follow-Up Office Visit	\$40.00

Pediatric / Pediatrician

Initial Office Visit	\$40.00
Follow-Up Office Visit	\$30.00

Codes	Cardiovascular	Med Plan
93000	ECG	\$10.00
93307	Echo	\$90.00
93320	Echo Doppler	\$40.00
93325	Color Flow Doppler	\$18.00
93324	Holter Monitor 24 hr	\$55.00
Codes	Diagnostic US	Med Plan
76705	Abdomen / Single	\$50.00
76700	Abdomen / Complete	\$50.00
76645	Breast	\$50.00
76856	Pelvic	\$50.00
76873	Prostate	\$50.00
76770	Kidney / Renal	\$50.00
76536	Thyroid	\$50.00
93923	US Arterial Upper-lower	\$70.00
93925	Duplex Scan Arterial	\$70.00

93965	US venous extremity	\$70.00
93970	Duplex scan venous	\$70.00
76705	Abdomen / Single	\$50.00
Codes	Injections	Med Plan
J0780	Compazine 10 mg Cost	Cost +\$10.00
J1100	Decadron up to 5mg Cost	Cost +\$10.00
J1030	Depo-Medrol 40 mg	Cost +\$10.00
J1040	Depo-Medrol 80 mg	Cost +\$10.00
J2480	Terramycin up 50 mg	Cost +\$10.00
J3120	Testosterone to 100 mg	Cost *\$10.00
J3410	Vistaril to 25 mg	Cost *\$10.00
J3420	Vitamin B12 tol 000 mg	Cost +\$10.00
J1670	Tetanun (Globulin)	Cost +\$10.00
J3180	Tetanun Toxoid Cost	Cost *\$10.00
J0500	Bentyl	Cost +\$10.00
J3450	Tigan	Cost +\$10.00
J1885	Tiradol	Cost +\$10.00
J1200	Benadryl	Cost +\$10.00
Codes	X-Ray Procedures	Med Plan
73600	Ankle 2 views	\$25.00
71010	Chest PA only	\$25.00
71020	Chest PA & LA	\$25.00
73070	Elbow 2 Views	\$25.00
73620	Foot 2 Views	\$25.00
73090	Forearm 2 Views	\$25.00
73120	Hand 2 Views	\$25.00
73500	Hip 1 Views	\$25.00

73510	Hip 2 views	\$25.00
73520	Hip Bilateral	\$25.00
73060	Humerus 2 views	\$25.00
74020	KUB 2 Views	\$25.00
72110	Lumbo Sacral Spine	\$25.00
71100	Ribs 2 views	\$25.00
73020	Shoulder 1 views	\$25.00
73030	Shoulder 2 views	\$25.00
73590	Tibia 2 views	\$25.00
73100	Wrist 2 views	\$25.00
73560	Calcaneus	\$25.00
73550	Femur	\$25.00
73140	Finger(s)	\$25.00
72040	Cervical Spine	\$25.00
72070	Thoracic Spine	\$25.00
73562	Knee	\$25.00
70220	Sinus	\$25.00
70260	Skull Series	\$25.00
70160	Nasal Bones	\$25.00
70110	Mandible	\$25.00
70200	Orbits	\$25.00
Codes	Therapies	Med Plan
97010	Hot Pack Therapy	\$10.00
97010	Cold Pack Therapy	\$10.00
97012	Tractional Mechanical	\$10.00
97014	EMS (High Frequency)	\$10.00
97018	Paraffin Bath	\$10.00

97028	Ultra Sound	\$10.00
97022	Whirpool	\$10.00
Codes	Pulmonary	Med Plan
94060	Bronchospasm Eval	\$12.50
94664	Nebulizer Treatment	\$12.50
94665	Nebulizer Subsequent	\$12.50
94010	Spirometry	\$12.50
94060	Spirometry W bronco sp.	\$12.50
94070	Prolonged Broncho sp.	\$12.50
94200	Maximum Breathing cap.	\$12.50
94240	Func. Resd. Cap.	\$12.50
94250	Exp. Gas Collecion	\$12.50
Codes	Pulmonary	Med Plan
69210	Ear Lavage	\$5.00
	PAP Smear Papanicolau Liquid	\$35.00
	PAP Papanicolau Slide	\$20.00

GENERAL DENTISTRY FEE SCHEDULE

ADA CODES	DESCRIPTION	FEES
DO120	PERIODIC ORAL EXAM	NO CHARGE
D0140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	\$10.00
DO150	COMPREHENSIVE ORAL EVAL-NEW OR ESTABLISHED PATIENT	\$20.00
DO160	DETAILED & EXTENSIVE EVAL-PROBLEM FOCUSED	\$5.00
DO170	RE-EVALUATION-LIMITED, PROBLEM FOCUSED	\$5.00
DO180	COMPREHENSIVE PERIODONTAL EVALUATION	\$15.00
RADIOGRAPHY/DIAGNOSTIC DENTISTRY		
D0210	X-RAY - INTRAORAL - COMPLETE SERIES (INCLUDING BITEWINGS)	\$30.00
D0220	X-RAY - INTRAORAL - PERIAPICAL FIRST FILM	\$15.00
D0230	X-RAY - INTRAORAL - PERIAPICAL EACH ADDITIONAL FILM	\$5.00
D0240	X-RAY INTRAORAL - OCCLUSAL FILM	\$5.00
D0250	X-RAY - EXTRAORAL - FIRST FILM	\$5.00
D0260	X-RAY EXTRAORAL - EACH ADDITIONAL FILM	\$5.00
D0270	X-RAY - BITEWING- SINGLE FILM	\$5.00
D0272	X-RAY - BITEWING - 2 FILMS	\$5.00
NOT TO BE TAKEN IF 274 WAS DONE W/IN PRIOR 6 MOS		
D0330	PANORAMIC FILM	\$25.00
D0340	CEPHALOMETRIC FILM, NON-ORTHODONTIC	\$75.00
D0350	DIAGNOSTIC PHOTOGRAPHS	\$20.00
D0460	PULP VITALITY TEST	\$10.00
D0470	DIAGNOSTIC CASTS	\$25.00
PREVENTIVE DENTISTRY		
D1110	ROUTINE PROPHYLAXIS ADULT (ONCE EVERY 6 MONTHS)	\$49.00
D1120	ROUTINE PROPHYLAXIS - CHILDREN UNDER 16 YRS (ONCE EVERY 6 MONTHS)	\$35.00
D1201	TOPICAL APPLICATION OF FLOURIDE FOR CHILDREN UNDER 16	\$5.00
D1203	TOPICAL APPLICATION OF FLOURIDE FOR CHILDREN UNDER 16	\$5.00
D1204	TOPICAL APPLICATION OF FLOURIDE FOR ADULTS	\$20.00
D1310	NUTRITIONAL COUNSELING FOR CONTROL OF DENTAL DISEASE	\$5.00

D1320	TOBBACO COUNSELING FOR CONTROL & PREVENTION OF ORAL DISEASES	\$5.00
D1330	ORAL HYGIENE INSTRUCTIONS	\$5.00
D1351	APPLICATION OF SEALANT PER TOOTH - CHILDREN UNDER 16	\$15.00
D1510	SPACE MAINTAINER - FIXED	\$120.00
D1515	SPACE MAINTAINER - FIXED	\$125.00
D1520	SPACE MAINTAINER - REMOVABLE	\$130.00
D1525	SPACE MAINTAINER - REMOVABLE	\$200.00
D1550	RE-CEMENTATION OF SPACE MAINTAINER	\$25.00
D2330	RESIN-BASED COMPOSITE- 1 SURFACE, ANTERIOR (EMPASTES)	\$52.00
D2331	RESIN-BASED COMPOSITE - 2 SURFACES, ANTERIOR (EMPASTES)	\$60.00
D2332	RESIN-BASED COMPOSITE - 3 SURFACES, ANTERIOR (EMPASTES)	\$75.00
02335	COMPOSITED RESIN - 4 OR MORE SURFACES (EMPASTES)	\$80.00
D2391	RESIN - BASED COMPOSITE - 1 SURFACE, POSTERIOR (EMPASTES)	\$53.00
D2392	RESIN-BASED COMPOSITE -2 SURFACES, POSTERIOR (EMPASTES)	\$60.00
D2393	RESIN-BASED COMPOSITE - 3 SURFACES, POSTERIOR (EMPASTES)	\$75.00
D2394	RESIN-BASED COMPOSITE -4 OR + SURFACES, POSTERIOR (EMPASTES)	\$80.00
D2410	GOLD FOIL- 1 SURFACE	\$75.00
D2420	GOLD FOIL - 2 SURFACES	\$95.00
D2430	GOLD FOIL - 3 SURFACES	\$125.00
D2510	INLAY - METALLIC - 1 SURFACE	\$300.00
D2520	INLAY - METALLIC - 2 SURFACES	\$320.00
D2530	INLAY - METALLIC - 3 OR MORE SURFACES	\$340.00
D2542	ONLAY - METALLIC - 2 SURFACES	\$325.00
D2543	ONLAY - METALLIC - 3 SURFACES	\$330.00
D2544	ONLAY - METALLIC - 4 OR MORE SURFACES	\$355.00
D2610	INLAY - PORCELAIN/CERAMIC - 1 SURFACE	\$325.00
D2620	INLAY - PORCELAIN/CERAMIC - 2 SURFACES	\$350.00
D2630	INLAY - PORCELAIN/CERAMIC - 3 OR MORE SURFACES	\$375.00
D2642	ONLAY - PORCELAIN/CERAMIC - 2 SURFACES	\$395.00
D2643	ONLAY - PORCELAIN/CERAMIC - 3 SURFACES	\$415.00

D2644	ONLAY - PORCELAIN/CERAMIC - 4 OR MORE SURFACES	\$445.00
D2650	INLAY - RESIN - BASED COMPOSITE - 1 SURFACE	\$195.00
D2651	INLAY - RESIN - BASED COMPOSITE - 2 SURFACES	\$250.00
D2652	INLAY - RESIN - BASED COMPOSITE - 3 OR MORE SURFACES	\$275.00
D2662	ONLAY - RESIN - BASED COMPOSITE - 2 SURFACES	\$250.00
D2663	ONLAY - RESIN - BASED COMPOSITE - 3 SURFACES	\$275.00
D2664	ONLAY - RESIN - BASED COMPOSITE - 4 OR MORE SURFACES	\$290.00
D2710	CROWN - RESIN (INDIRECT)	\$210.00
D2720	CROWN - RESIN WITH HIGH NOBLE METAL	\$455.00
D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL	\$405.00
D2722	CROWN - RESIN WITH NOBLE METAL	\$425.00
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$595.00
D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$495.00
D2751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$495.00
D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$495.00
D2780	CROWN 3/4 CAST HIGH NOBLE METAL	\$530.00
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$410.00
D2782	CROWN - 3/4 CAST NOBLE METAL	\$520.00
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$550.00
D2790	CROWN - FULL CAST HIGH NOBLE METAL	\$699.00
D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL	\$525.00
D2792	CROWN - FULL CAST NOBLE METAL	\$580.00
D2799	PROVISIONAL CROWN	\$50.00
D2910	RECEMENT INLAY	\$25.00
D2920	RECEMENT CROWN	\$25.00
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	\$95.00
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	\$95.00
D2932	PREFABRICATED RESIN CROWN	\$95.00
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	\$145.00
D2940	SEDATIVE FILLING	\$40.00
D2950	CORE BUILDUP, INCLUDING ANY PINS	\$85.00

D2951	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	\$20.00
D2952	CAST POST & CORE IN ADDITION TO CROWN	\$155.00
D2953	EACH ADDITIONAL CAST POST - SAME TOOTH	\$105.00
D2954	PREFABRICATED POST & CORE IN ADDITION TO CROWN	\$125.00
D2955	POST REMOVAL (NOT IN CONJUNCTION WITH ENDODONTIC THERAPY)	\$30.00
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	\$30.00
D2960	LABIAL VENEER (RESIN LAMINATE) - CHAIRSIDE	\$205.00
D2961	LABIAL VENEER (RESIN LAMINATE) - LABORATORY	\$260.00
D2962	LABIAL VENEER (PORCELAIN LAMINATE - LABORATORY	\$425.00
D2970	TEMPORARY CROWN (FRACTURED TOOTH)	\$50.00
D2980	CROWN REPAIR/ When crown and/or bridgework exceeds six (6) consecutive units, there will be an additional charge of \$30.00 per unit.	\$95.00
ENDODONTICS SERVICES		
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	\$25.00
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	\$25.00
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	\$75.00
D3221	PUPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$95.00
D3230	PUPAL THERAPY (RESORB FILLING) - ANTERIOR, PRIMARY	\$80.00
D3240	PUPLAM THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY	\$90.00
D3310	ROOT CANAL THERAPY - ANTERIOR	\$395.00
D3320	ROOT CANAL THERAPY - BICUSPID	\$495.00
D3330	ROOT CANAL THERAPY - MOLAR	\$595.00
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION, NON-SURGICAL ACCESS	\$85.00
D3346	RETREAT, PREV RCT - ANTERIOR	\$495.00
D3347	RETREAT, PREV RCT - BICUSPID	\$595.00
D3348	RETREAT, PREV RCT - MOLAR	\$695.00
D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	\$75.00
PERIODONTICS SERVICES		
D4211	GINGIVECTOMY/GINGIVOPLASTY - 1 -TO 3 TEETH, PER QUAD	\$50.00
D4220	GINGIVAL CURETTAGE PER QUADRANT EXCLUDING ROOT PLANNING	\$75.00

D4240	GINGIVAL FLAP PROCEDURE- 4 OR MORE	\$325.00
D4241	GINGIVAL FLAP PROCEDURE - 1 TO 3 TEETH PER QUAD	\$250.00
D4245	APICALLY POSITIONED FLAP	\$150.00
D4341	PERIODONTAL SCALING & ROOT PLANING - 4 OR MORE CONTIGUOUS TEETH	\$75.00
D4342	PERIODONTAL SCALING \$ ROOT PLANING - 1 TO 3 TEETH, PER QUAD	\$60.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION	\$80.00
D4381	LOCAL DELIVERY ANTIBIOTIC (ARESTIN)	\$30.00
D4910	PERIODONTAL MAINTENANCE	\$55.00
D5110	COMPLETE DENTURE - MAXILLARY BASIC	\$495.00
D5120	COMPLETE DENTURE - MANDIBULAR BASIC	\$495.00
D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE (INCLUDING CLASPS	\$450.00
D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING CLASPS)	\$450.00
D5213	PARTIAL DENTURE - MAXILLARY CAST METAL - ACRYLIC	\$575.00
D5214	PARTIAL DENTURE - MANDIBULAR VAST METAL - ACRYLIC	\$575.00
D5410	ADJUSTMENT - COMPLETE DENTURE - MAXILLARY	\$20.00
D5411	ADJUSTMENT - COMPLETE DENTURE - MANDIBULAR	\$20.00
D5421	ADJUSTMENT - PARTIAL DENTURE - MAXILLARY	\$20.00
D5422	ADJUSTMENT - PARTIAL DENTURE - MANDIBULAR	\$20.00
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$75.00
D5520	REPLACE BROKEN TOOTH - COMPLETE DENTURE (EACH TOOTH)	\$70.00
D5610	REPAIR DENTURE RESIN BASE	\$50.00
D5620	REPAIR CAST FRAMEWORK	\$55.00
D5630	REPAIR OR REPLACE BROKEN CLASP	\$55.00
D5640	REPAIR BROKEN TEETH - PER TOOTH	\$45.00
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$65.00
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$75.00
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$195.00
D5711	REBASE COMPLETE MANDIBULAR CENTURE	\$195.00
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$175.00
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$175.00

D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$85.00
D5731	RELINE COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$85.00
D5740	RELINE PARTIAL COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$65.00
D5741	RELINE PARTIAL COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$65.00
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$150.00
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$150.00
D5760	RELINE PARTIAL MAXILLARY DENTURE (LABORATORY)	\$110.00
D5761	RELINE PARTIAL MANDIBULAR DENTURE (LABORATORY)	\$110.00
D5810	INTERIM COMPLETE DENTURE - MAXILLARY	\$250.00
D5811	INTERIM COMPLETE DENTURE - MANDIBULAR	\$250.00
D5820	INTERIM PARTIAL DENTURE - MAXILLARY	\$250.00
D5821	INTERIM PARTIAL DENTURE - MANDIBULAR	\$250.00
D5850	TISSUE CONDITIONING - MAXILLARY	\$55.00
D5851	TISSUE CONDITIONING - MANDIBULAR	\$55.00
D5862	PRECISION ATTACHMENT	\$150.00
PROSTHODONTICS - FIXED		
D6210	PONTIC - CAST HIGH NOBLE METAL	\$400.00
D6211	PONTIC - CAST PREDOMINANTLY BASE METAL	\$400.00
D6212	PONTIC - CAST NOBLE METAL	\$400.00
D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	\$400.00
D6241	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$400.00
D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	\$400.00
D6245	PONTIC - PORCELAIN/CERAMIC	\$595.00
D6740	CROWN - PORCELAIN/CERAMIC	\$595.00
D6750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	\$495.00
D6751	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASED METAL	\$495.00
D6752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$495.00
D6780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$530.00
D6781	CROWN - 3/4 CAST PREDOMINANTLY BASED METAL	\$510.00
D6782	CROWN - 3/4 CAST NOBLE METAL	\$520.00
D6783	CROWN - 3/4 PORCELAIN/CERAMIC	\$510.00

D6790	CROWN - FULL CAST HIGH NOBLE METAL	\$495.00
D6791	CROWN - FULL CAST PREDOMIANTLY BASED METAL	\$495.00
D6792	CROWN - FULL CAST NOBLE METAL	\$495.00
D6930	RECEMENT FIXED PARTIAL DENTURE	\$40.00
D6950	PRECISION ATTACHMENT	\$150.00
D6970	CAST POST & CORE ADDITION TO FIXED PARTIAL DENTURE RETAINER	\$125.00
D6971	CAST POST AS PART OF A FIXED PARTIAL DENTURE RETAINER	\$125.00
D6972	PREFABRICATED POST & CORE IN ADDITION TO FIXED PARTIAL DENTURE	\$125.00
D6973	CORE BUILD UP FOR RETAINER, INCLUDING PINS	\$95.00
D6975	COPING METAL	\$95.00

ORAL SURGERY

D7110	SINGLE TOOTH EXTRACTION (EXTRACCION)	\$60.00
D7140	EXTRACTION OF ERUPTED TOOTH OR EXPOSED ROOT	\$70.00
D7310	ALVEOLOPLASTY WITH EXTRACTIONS - PER QUADRANT	\$75.00
D7320	ALVEOLOPLASTY WITHOUT EXTRACTIONS - PER QUADRANT	\$90.00
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	\$55.00
D9215	LOCAL ANESTHESIA	

ADA CODES	MISCELLANEOUS SERVICE	FEES
D9230	ANALGESIA NITROUS OXIDE PER 1/2 hour	\$20.00
D9630	ORAL IRRIGATION/OTHER DRUGS/MEDICAMENT PER QUAD	\$10.00
D9940	OCCLUSAL GUARD	\$100.00
D9950	OCCLUSAL ANALYSIS - MOUNTED CASE	\$75.00
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$25.00
D9952	OCCLUSAL ADJUSTMENT - COMPLETE	\$75.00

DENTAL SPECIALTIES FEE SCHEDULE

ADA CODES	ENDODONTICS	FEES
ED3310	ROOT CANAL THERAPY - ANTERIOR	\$400.00
ED3320	ROOT CANAL THERAPY - BICUSPID	\$500.00
ED3330	ROOT CANAL THERAPY - MOLAR	\$600.00
ED3346	RETREAT, PREV RCT -ANTERIOR	\$650.00
ED3347	RETREAT, PREV RCT - BICUSPID	\$700.00
ED3348	RETREAT. PREV RCT - MOLAR	\$800.00
PERIODONTICS		
D4210	GINGIVECTOMY 4 OR + PER QUADRANT	\$450.00
D4249	CLINIC CROWN LENGTHEN - HARD TISSUE	\$700.00
D4260	OSSEOUS SURGERY 4 OR + PER QUADRANT	\$800.00
D4263	BONE REPLACE GRAFT - 1ST SITE/QU	\$650.00
D4264	BONE REPLACE GRAFT - EACH ADD/QU	\$500.00
D4266	GUIDED TISS REGEN-RESORB-PER	\$750.00
D4275	SOFT TISSUE ALLOGRAFT RB-PER	\$900.00
D7953	BONE REPL GRAFT RIDGE PRSV/SITE	\$400.00
D7960	FRENULECTOMY - SEPARATE PROCEDURE	\$500.00
ORAL SURGERY		
D7210	EXTRACTION - SURGICAL/ERUPT TOOTH	\$100.00
D7220	EXTRACTION - IMPACTEDL/SOFT TISSUE	\$150.00
D7230	EXTRACTION - IMPACTEDL/PART BONY	\$200.00
D7240	EXTRACTION - IMPACTED/COMPLBONY (Cordales)	\$150.00
D7241	REMOV IMPACT - COMP BONY W/COMP	\$250.00
D7250	SURGIC REMOVL RESID TOOTH ROOT	\$150.00
D7285	BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	\$75.00
D7286	BIOPSY OF ORAL TISSUE - SOFT (ALL OTHER)	\$65.00
	BIOPSY LAB	\$40.00

ORTHODONTICS		
D8080	COMPREHENSIVE ORTHO, ADOLESCENT	\$3,490.00
D8090	COMPREHENSIVE ORTHO, ADULT	\$3,490.00
IMPLANTS		
D6010	SURG PLACE IMPLANT, ENDOSTEAL	\$1,200.00
D6010/D6059	COMPLETED CROWN IMPLANT (IMPLANTE Y CORONA)	\$1,950.00
D0000	OVERDENTURE UPPER WITH 4 IMPLANTS	\$4,650.00
D0000	OVERDENTURE LOWER WITH 3 IMPLANTS	\$3,650.00

***The basic cleaning does not apply if you have any periodontal disease.**

***The dental procedures not listed in your pricing list will apply to a discount of 25%. The dentists and specialists are the only responsible parties for the treatment and its charges. Med Plan is not responsible for payments nor for orthodontics indications performed by the dentists or specialists associated with our plan.**

**La limpieza simple no aplica si Usted tiene evidencia de enfermedad periodontal*

**A los procedimientos que no aparecen en su lista de precios se les aplicara un descuento del 25% de 10 usual y razonable. Los dentistas y especialistas son los unicos responsables por el tratamiento y precio del mismo. Med Plan no es responsable por los pagos ni por las indicaciones odontologicas hechas por los dentistas y especialistas asociados a nuestro plan.*

LABORATORY SERVICES FEE SCHEDULE

TEST NAME	TEST CODE	FEE
AMYLASE	1106	\$6.00
ACTH (ADRENOCORTICOTROPIC HORMONE)	7200	\$37.00
AFP TUMOR MARKER	1274	\$15.50
ALBUMIN	8170	\$2.50
ALCOHOL IN URINE	3525	\$12.00
ALDOLASE	1102	\$9.50
ALKALINE PHOSPHATASE	8160	\$2.50
ALLERGEN FOOD PANEL (ADULT) each allergen (\$9)	7302	\$9.00
ALLERGEN RESPIRATORY PANEL SUB-TROPICAL each allergen (\$9)	7304	\$9.00
ALLERGY PANEL PER ALLERGEN each allergen (\$9)		\$9.00
ALPHA PHETO PROTEIN QUAD SCREEN	1673	\$82.00
ALPHA PHETO PROTEIN TRIPLE SCREEN	8260	\$56.00
ALT SGPT	8154	\$8.00
AMIKACIN SERUM	1695	\$15.50
AMMONIA	1104	\$12.50
ANA	5200	\$12.00
ANTIBODY SCREENING	4259	\$11.50
ASO	4201	\$15.00
AST (SCOT)	8152	\$8.00
B-12 & FOLIC ACID	8794	\$30.00
B-12	7272	\$12.50
BASIC METAB PANEL	8118	\$8.00
BETA 2 MICROGLOBULIN	1404	\$16.50
BILIRUBIN DIRECT	8149	\$4.50
BILIRUBIN TOTAL	8166	\$4.50
BIOPSY (see comments at the end)	9181	\$4.50
BLEEDING TIME	4108	\$18.00

TEST NAME	TEST CODE	FEE
BLOOD TYPE & RH	4200	\$40.00
BNP	1430	\$5.00
BUN	8142	\$7.00
CBC	4110	\$20.00
C3 COMPLEMENT	6115	\$20.00
C4 COMPLEMENT	6126	\$19.50
CA 125	1462	\$19.50
CA 15-3	1462	\$19.50
CA 19-9	1463	\$19.50
CA 27-29	1664	\$4.50
CALCIUM	8172	\$11.00
CALCIUM IONIZED	2130	\$27.00
CALCULUS (stone) ANALYSIS	1318	\$15.00
CARBAMAZEPIN	3119	\$19.50
CEA	7214	\$36.00
CERULOPLASMIN	6119	\$60.00
CHLAMYDIA & GC IN URINE	5346	\$25.00
CHLAMYDIA & GC DNA	5344	\$4.50
CHOLESTEROL	8146	\$7.00
CK CPK TOTAL)	8156	\$14.50
CMV IgG	1353	\$12.50
CMV IgM	5210	\$9.00
COMPRENH. METABOLIC PANEL	8112	\$10.00
COOMBS DIRECT	4214	\$10.00
COOMBS INDIRECT	4215	\$17.50
CORTISOL	7206	\$15.00
C-PEPTIDE	1431	\$12.50
CPK - MB (CREATINE KINASE MB FRACTION)	6127	\$12.50
C-REACTIVE PROTEIN - QUANT	3595	\$5.00

TEST NAME	TEST CODE	FEE
C-REACTIVE PROTEIN (CRP)	4216	\$4>.50
C-REACTIVE PROTEIN (CRP) ULTRASENSITIVE	6657	\$10.00
CREATININE 24 HRS	2115	\$0.50
CREATININE CLEARANCE	2127	\$4.00
CREATININE SERUM	8150	\$14.00
CULTURE & SENSIT	5145	\$250.00
CYSTIC FIBROSIS	6442	\$14.00
DEPAKENE (VALPROIC ACID)	1938	\$26.00
DHEA (DEHYDROEPIANDROSTERONE)	7171	\$26.00
DHEA-S	1655	\$6.00
DIHYDROTESTOSTERONE DHT		\$26.50
D-DIMER		\$22.50
DILANTIN LEVEL	3126	\$15.00
DRUG SCREEN IN URINE	3223	\$23.00
ELECTROLYTE PANEL	8200	\$6.50
EPSTEIN BARR VIRAL CAPSIDE ANTIGEN (VCA) IgG & IgM	1920	\$14.00
EPSTEIN BARR VIRUS EARLY	1632	\$14.00
EPSTEIN BARR VIRUS NUCLEAR ANTIGEN IgG ANTIBODY	1861	\$17.50
EPSTEIN BARR VIRUS NUCLEAR ANTIGEN IgM ANTIBODY	1902	\$17.50
ERYTHROPOIETIN	5215	\$18.50
ESTRADIOL	7226	\$22.00
ESTRIOL	7224	\$28.00
ESTROGEN TOTAL	7227	\$22.00
ESR (SED RATE)	4160	\$8.00
EYE CULTURE & SENSITIVITY	5145	\$42.00
FERRITIN	7275	\$14.00
FIBRINOGEN	4223	\$22.00
FOLIC ACID	7229	\$13.00
FREE T3	1603	\$7.00

TEST NAME	TEST CODE	FEE
FREE T 4	7120	\$7.00
FSH	7228	\$17.00
FSH & LH	7261	\$34.00
FINE NEEDLE ASPIRATION		\$69.00
FTA AG	5220	\$35.00
FUNGUS CULTURE	5114	\$35.00
GAMMA GT GGTP	1116	\$5.00
GC CULTURE	5118	\$35.00
GENTAMYCIN	7232	\$28.00
GLIADINI IgA, IgG	1432	\$80.00
GLUCOSE 2 HRS P.P	8180	\$7.00
GLUCOSE 2 HRS TOLERANCE TEST	8188	\$13.00
GLUCOSE 3 HRS	8189	\$17.00
GLUCOSE GRAY TUBE	8141	\$3.50
GLUCOSE SERUM	8140	\$3.50
GLYCOHEMOGLOBIN	6145	\$9.00
H. PYLORI AB IgG	1295	\$15.00
H. PYLORI AB IgM	1297	15.00
H. PYLORI IN STOOL (ANTIGEN)	1294	\$43.00
HAPTOGLOBULIN	6147	\$25.00
HCG QUAL	7282	\$7.00
HCG QUANT	7240	\$15.50
HEMOGLOBIN AIC	6145	\$9.50
HEMOGLOBIN ELECTROPHORESIS	6151	\$12.00
HEMOGLOBIN/HEMATOCRIT	4132	\$12.00
HEPATIC FUNCTION PANEL	8698	\$7.50
HEPATITIS A IgM	1376	\$11.50
HEPATITIS A TOTAL	1621	\$10.50
HEPATITIS B CORE IgM ANTIBODIES	1799	\$11.50

TEST NAME	TEST CODE	FEE
HEPATITIS B CORE TOTAL ANTIBODY	1614	\$11.50
HEPATITIS Bs ANTIBODY	7237	\$11.00
HEPATITIS Bs ANTIGEN	7236	\$10.00
HEPATITIS C ANTIBODY	1711	\$13.50
HEPATITIS PANEL ABC	2298	\$44.00
HERPES CULTURE	1716	\$35.00
HERPES I SELECT	1439	\$12.50
HERPES SELT IgG	1440	\$18.50
HIV 1 & 2 SCREEN	1437	\$9.50
HLA-B-27	1398	\$70.00
HOMOCYSTEINE	1227	\$28.00
HUMAN GROWTH HORMONE	7238	\$16.00
HUMAN PAPILOMA VIRUS hc2	1 846	\$39.00
IgA (Immunoglobulin)	6140	\$9.00
IgE (Immunoglobulin E)	7248	\$16.00
IgG (Immunoglobulin)	6142	\$9.00
IgM (Immunoglobulin M)	6143	\$9.00
IMMUNOELECTROPHORESIS	6160	\$21.50
IMMUNOGLOBULIN IgG-A-M	6156	\$27.00
INSULINE LEVEL	7250	\$11.50
INSULINE LIKE GROWTH FACTOR I SOMATOMEDIN-C IgF1	1666	\$30.00
IRON	8162	\$5.00
IRON & IBC	8161	\$8.50
LEAD BLOOD	2160	\$10.50
L.E. SCREEN	3662	\$10.00
LDH	8158	\$4.00
LH	7244	\$19.50
LIPASE	1126	\$6.50
LIPID PANEL	6188	\$9.00

TEST NAME	TEST CODE	FEE
LIPOPROTEIN A	6165	\$33.20
LITHIUM	2163	\$7.00
LIVER PROFILE I	8158	\$10.00
MAGNESIUM SERUM	2166	\$6.50
MEASLES ANTIBODY IgG	2362	\$12.50
MEASLES ANTIBODY IgM	2361	\$12.50
METANEPHRINE 24 HRS URINE	2169	\$80.00
MICROALBUMIN 24 HRS URINE	1208	\$35.00
MICROALBUMIN RANDOM	1209	\$4.00
MITOCHONDRIAL TOTAL AUTOANTIBODIES	5226	\$55.00
MONO TEST	4213	\$12.00
MUMPS ANTIBODY IgG	1362	\$12.50
MUMPS ANTIBODY IgM	1317	\$12.50
MYCOPLASMA I M TITER PNEUMONIAE ANTIBODY	1985	\$60.00
MYCOPLASMA PNEUMONIAE ANTIBODY IgG, IgM	1363	\$65.00
MYELIN BASIC PROTEIN (MBP) AUTOANTIBODIES	1404	\$90.00
MYSOLINE (PRIMIDONE)	3162	\$55.00
NEURONTIN (GABAPENTIN)	1609	\$50.00
NICOTINE METABOLITE URINE	3198	\$24.50
OBSTETRIC PANEL	8136	\$45.23
OCCULT BLOOD PER SPECIMEN	4320	\$5.00
OVA AND PARASITES	4321	\$9.00
OXALATES - 24HRS	2173	\$13.00
OXALATES - URINE RANDOM	2172	\$13.00
PAP SMEAR	9161	\$15.00
PAP LIQUID SUREPATH	9142	\$25.00
PHENOBARBITAL	3155	\$11.00
PHOSPHORUS	8174	\$4.00
PLATELET COUNT	4149	\$6.00

TEST NAME	TEST CODE	FEE
POTASIUM	8210	\$4.00
POTASIUM IN URINE	8223	\$4.00
PRE -ALBUMIN	2011	\$7.00
PREGNANCY TEST IN URINE	4330	\$6.50
PRIMIDONE	3162	\$15.00
PROCAINAMIDE (PRONESTYL + NAPA)	3163	\$16.50
PROGESTERONE	7256	\$26.00
PROLACTIN	7252	\$19.50
PROTEIN ELECTROPHORESIS	6129	\$10.00
PROTEIN TOTAL 24HRS	2305	\$3.50
PROTEIN TOTAL SERUM	8168	\$5.00
PSA FREE & TOTAL	2216	\$29.00
PSA SCREEN	1937	\$h5.00
PT	4254	\$3.50
PTH INTACT	1373	\$35.00
PTT	4253	\$3.50
QUINIDINE	2183	\$14.50
R A LATEX	4257	\$7.00
RENAL FUNCTION PANEL	8108	\$8.00
RENIN	7258	\$18.50
RETIC COUNT	4154	\$4.00
RH FACTOR (ONLY)	4202	\$5.50
RHEUMATOID FACTOR	4257	\$6.00
RUBELLA ANTIBODY IgG	5230	\$15.00
RUBELLAANTIBODYI IgM	1752	\$15.00
RPR	4272	\$4.50
RUBELLA ANTIBODY IgM	1752	\$15.00
SED RATE	4160	\$3.50
SEMEN ANALYSIS	4331	\$50.00

TEST NAME	TEST CODE	FEE
SEROTONIN (5-HIAA)	2186	\$11.00
SICKLE CELL SCREEN	4161	\$6.00
SMOOTH MUSCLE ANTIBODY	1601	\$30.00
SODIUM (U) 12 HRS	2334	\$4.50
SODIUM (U) 24 HRS	2335	\$4.50
SODIUM IN URINE	8221	\$4.50
SODIUM SERUM	8205	\$4.00
STONE ANALYSIS (KIDNEY)	1318	\$27.00
STOOL CULTURE	5113	\$13.50
T-3 FREE	1603	\$7.00
T3 TOTAL	7260	\$7.00
T3-UPTAKE	7105	\$6.00
T4	7110	\$6.00
TACROLIMUS (PROGRAF)	1282	\$16.00
TESTOSTERONE	7268	\$25.00
TESTOSTERONE FREE & TOTAL	7269	\$27.50
THEOPHYLLINE	3174	\$14.50
THIAMINE LEVEL (VITAMIN B1)	7175	\$6.00
THROAT CULTURE	5155	\$13.50
THYROGLOBULIN Abs SCREEN	5202	\$16.00
THYROGLOBULIN QUANT	1201	\$14.00
THYROID II PANEL (TSH)	7121	\$29.00
THYROID PEROXIDE AB (TPO)	5205	\$15.00
THYROID STIMULATING IMMUNOGLOBULINS (TSI)	1389	\$12.50
THYROXIDE BINDING GLOBULIN	1391	\$11.00
TOBRAMYCIN	3185	\$16.00
TORCH PANEL	8420	\$60.00
TOXOPLASMA IgG	5236	\$15.00
TRANSFERRIN	6175	\$15.00

TEST NAME	TEST CODE	FEE
TRAZODONE	1798	\$70.00
TREPONEMA PALLIDIUM TOTAL ANTIBODIES (FTA)	5220	\$22.00
TRIGLYCERIDES	8148	\$6.00
TROPONIN I	8157	\$15.50
TSH	7264	\$14.60
URINALYSIS	4340	\$2.00
URIC ACID	8144	\$3.00
URINE CULTURE	5113	\$13.50
URINE CYTOLOGY		\$25.00
VARICELLA ANTIBODY IgG	2772	\$15.00
VITAMIN D25	1300	\$33.50
VITAMIN D	1301	\$33.50
VITAMIN B-6	1346	\$14.00
VAGINAL CULTURE	5156	\$13.50
VARICELLA ZOSTER ANTIBODY IgM	2772	\$15.00
VITAMIN B-1 (THIAMINE)	7175	\$6.00
VMA (VANILLYL MANDELIC ACID 24 HRS URINE)	2196	\$12.50
VALPROIC ACID	1938	\$14.00
VITAMIN B-12	7272	\$15.00
WESTERN BLOT ANALYSIS	1 833	\$35.00
WET MOUNT		\$4.00
WBC IN STOOL	4319	\$8.00
ZINC	2199	\$11.50

DIAGNOSTIC AND RADIOLOGY SERVICES FEE SCHEDULE

“MRI” MAGNETIC RESONANCE IMAGING

PROCEDURE	CPT	FEE
Abdomen W	74182	\$325.00
Abdomen W & W/O	74183	\$375.00
Abdomen W/O	74181	\$275.00
Ankle W	73722	\$325.00
Ankle W & W/O	73723	\$375.00
Ankle W/O	73721	\$275.00
Arm W	73219	\$325.00
Arm W & W/O	73220	\$325.00
Arm W/O	73218	\$275.00
Brain W	70552	\$325.00
Brain W & W/O	70553	\$375.00
Brain W/O	70551	\$275.00
Breast Unilat W & W/O	77058	\$375.00
Breast Bilat W & W/O	77059	\$375.00
Breast Implant W & W/O	77059	\$450.00
Cervical Spine W	72142	\$325.00
Cervical Spine W & W/O	72156	\$325.00
Cervical Spine W/O	72141	\$325.00
Chest W	71551	\$325.00
Chest W & W/O	71552	\$325.00
Chest W/O	71550	\$275.00
Elbow W	73222	\$325.00
Elbow W & W/O	73223	\$325.00
Elbow W/O	73221	\$275.00
Facial W	70542	\$325.00
Facial W & W/O	70543	\$375.00

Facial W/O	70540	\$275.00
Foot W	73719	\$325.00
Foot W & W/O	73720	\$325.00
Foot W/O	73718	\$275.00
Hand W	73219	\$325.00
Hand W \$ W/O	73220	\$325.00
Hand W/O	73218	\$275.00
Hip W	73722	\$325.00
Hip W & W/O	73723	\$325.00
Hip W/O	73721	\$275.00
ILIAC W	70552	\$325.00
ILIAC W & W/O	70553	\$325.00
ILIAC W/O	70551	\$275.00
Knee W	73722	\$325.00
Knee W & W/O	73723	\$325.00
Knee W/O	73721	\$275.00
Le -Femur-TIB-FIB W	73719	\$325.00
Leg-Fernur-TIB-FIB W&W/O	73720	\$325.00
Leg-Femur-TIB-FIB W/O	73718	\$275.00
Lumbar Spine W	72149	\$325.00
Lumbar Spine W & W/O	72158	\$325.00
Lumbar Spine W/O	72148	\$275.00
Neck W	70542	\$325.00
Neck W & W/O	70543	\$325.00
Neck W/O	70540	\$275.00
Orbit W	70542	\$325.00
Orbit W & W/O	70543	\$325.00
Orbit W/O	70540	\$275.00
pelvis W	72196	\$325.00
Pelvis W & W/O	72197	\$325.00

Pelvis W/O	72195	\$275.00
Pituitary W	70552	\$325.00
Pituitary W & W/O	70553	\$325.00
Pituita W/O	70551	\$275.00
Prostate W	72196	\$325.00
Prostate W & W/O	72197	\$325.00
Prostate W/O	72195	\$275.00
Scrotum W	72196	\$325.00
Scrotum W & W/O	72197	\$325.00
Scrotum W/O	72195	\$275.00
Shoulder W	73222	\$325.00
Shoulder W & W/O	73223	\$325.00
Shoulder W/O	73221	\$275.00
Thoracic Spine W	72147	\$325.00
Thoracic Spine W & W/O	72157	\$325.00
Thoracic Spine W/O	72146	\$275.00
TMJ Joints W/O	70336	\$275.00
Wrist W	73222	\$325.00
Wrist W & W/O	73223	\$325.00
Wrist W/O	73221	\$275.00

“CT SCAN” COMPUTED TOMOGRAPHY

PROCEDURE	CPT	FEE
Abdomen W	74160	\$200.00
Abdomen W & W/O	74170	\$275.00
Abdomen W/O	74150	\$150.00
Cervical Spine W	72126	\$200.00
Cervical Spine W & W/O	72127	\$275.00
Cervical Spine W/O	72125	\$150.00
Chest W	71260	\$200.00

Chest W & W/O	71270	\$275.00
Chest W/O	71250	\$150.00
Head/Brain W	70460	\$200.00
Head/Brain W & W/O	70470	\$275.00
Head/Brain W/O	70450	\$150.00
IACS W	70481	\$200.00
'ACS W & W/O	70482	\$275.00
IACS W/O	70480	\$150.00
Leg/Femur/TIB/FIB W	73701	\$200.00
Leg/Femur/TIB/FIB W & W/O	73702	\$275.00
Leg/Femur/TIB/FIB W/O	73700	\$150.00
Lumbar Spine W	72132	\$200.00
Lumbar Spine W & W/O	72133	\$275.00
Lumbar Spine W/O	72131	\$150.00
Maxilofacial W	70487	\$200.00
Maxilofacial W & W/O	70488	\$275.00
Maxilofacial W/O	70486	\$150.00
pelvis W	72193	\$200.00
Pelvis w & w/o	72194	\$275.00
Pelvis W/O	72192	\$150.00
Sinuses W	70487	\$200.00
Sinuses W & W/O	70488	\$275.00
Sinuses W/O	70486	\$150.00
Soft Tissue Neck W	70491	\$200.00
Soft Tissue W & W/O	70492	\$275.00
Soft Tissue Neck W/O	70490	\$150.00
Thoracic Spine W	72129	\$200.00
Thoracic Spine W & W/O	72130	\$275.00
Thoracic Spine W/O	72128	\$150.00

ULTRASOUNDS

ABDOMEN & RETROPERITINIUM		
PROCEDURE	CPT	FEE
Abdomen Complete	76700	\$70.00
RIJQ (Liver, Gallbladder & Pancreas)	76705	\$60.00
Liver	76705	\$60.00
Gallbladder	76705	\$60.00
Pancreas	76705	\$60.00
Spleen	76705	\$60.00
Renal	76775	\$60.00
Bladder	76857	\$60.00
Renal & Bladder	76770	\$70.00
PELVIS		
Pelvic Complete	76856	\$70.00
Pelvic Transva inal	76830	\$70.00
Prostate Transabdominal	76857	\$70.00
Prostate Transrectal	76872	\$70.00
Scrotum & Contents	76870	\$70.00
ECHOGRAPHY		
Echo Complete W/Color & Flow	93306	\$150.00
Echo Stress Test W/C010r & Flow	93306	\$350.00
SMALL PARTS		
Abdominal Aorta	93979	\$90.00
Carotid Doppler	93880	\$90.00
Arterial Lower Extremity Bilateral	93925 93923	\$100.00
Arterial Lower Extremity Unilateral	93926 93923	\$100.00
Arterial Upper Extremity Bilateral	93930 93923	\$90.00
Arterial Upper Extremity Unilateral	93931 93923	\$90.00

VENOUS STUDIES		
Venous Duplex Bilateral	93970	\$90.00
Venous Duplex Unilateral	93971	\$90.00
DIGITAL X-RAYS		
Ankle (2 views)	73600	\$25.00
Ankle Complete (3 views)	73610	\$25.00
Bone Age	77072	\$25.00
Bone Length	77073	\$25.00
Calcaneus (2 views)	73650	\$25.00
Cervical Spine (2 or 3 views)	72040	\$25.00
Cervical Spine (4 or more views)	72050	\$25.00
Cervical Spine Complete	72052	\$25.00
Chest (Single View)	71010	\$25.00
Chest (2 views)	71020	\$25.00
Chest Complete (4 views)	71030	\$25.00
Chest (Special Views)	71035	\$25.00
Chest (Oblique Projections)	71022	\$25.00
Chest (Stereo Frontal)	71015	\$25.00
Chest (Apical Lordotic Proc)	71021	\$25.00
Clavicle Complete	73000	\$25.00
Elbow (2 views)	73070	\$25.00
Elbow Complete (3 views)	73080	\$25.00
Eye	70030	\$25.00
Femur (2 views)	73550	\$25.00
Fingers (2 views)	73140	\$25.00
Foot (2 views)	73620	\$25.00
Foot Complete (3 views)	73630	\$25.00
Forearm (2 views)	73090	\$25.00
Hand (2 views)	73120	\$25.00

Hand (3 views)	73130	\$25.00
Hip Unilateral (1 view)	73500	\$25.00
Hi Bilateral (2 views)	73520	\$25.00
Hi Complete (2 views)	73510	\$25.00
Knee (1 or 2 views)	73560	\$25.00
Knee (3 views)	73562	\$25.00
Knee Complete (4 or more Views)	73564	\$25.00
Knee Bilateral Standing	73565	\$25.00
Lumbosacral (4 or more)	72110	\$25.00
Lumbosacral Comp (Band V)	72114	\$25.00
Mastoids	70120	\$25.00
Mastoids Complete (3 views)	70130	\$25.00
Nasal Bones	70160	\$25.00
Neck	70360	\$25.00
Osseus Survey (Single View)	77077	\$25.00
Osseus Survey Limited	77074	\$25.00
Osseus Survey C Axial P	77075	\$25.00
Pelvis (1 or 2 views)	72170	\$25.00
Pelvis Complete (3 views)	72190	\$25.00
Ribs Unilateral (2 views)	71100	\$25.00
Ribs Bilateral (3 views)	71110	\$25.00
Ribs Posteroanter Chest (3V)	71101	\$25.00
Ribs Posteroanter Chest (4V)	71111	\$25.00