[Medical Clinic's Name]

FEE SCHEDULE

Effective Date: [Date]

PROCEDURE CODE	DESCRIPTION	FEE AMOUNT
104	New Patient Consultation	\$150.00
202	Routine Physical Exam	\$100.00
305	X-Ray - Chest	\$75.00
610	Blood Test - Complete Blood Count (CBC)	\$50.00
525	Electrocardiogram (ECG/EKG)	s-80.00
620	Vaccination - Influenza	\$30.00
725	Minor Sutured Laceration Repair	\$200.00
840	Pulmonary Function Test (Spirometry)	\$120.00
955	Follow-up Telemedicine Consultation	\$75.00
2060	Allergy Testing - Skin Prick	\$90.00
1165	Pap Smear	\$85.00
1270	Urinalysis	\$25.00
¥375	Echocardiogram	\$200.00
1480	MRI - Brain	\$450.00
1585	Physical Therapy Session	\$150.00
1690	Diabetes Management Consultation	\$95.00
1795	Cast Application	\$70,00
18100	Appendectomy	\$1,500.00
19205	Knee Arthroscopy	\$1,200.00
20310	Nasal Fracture Reduction	\$180.00
21415	Colonoscopy - Diagnostic	s800.00
22520	Biopsy - Skin Lesion	\$120.00
23625	Vasectomy	\$300.00
24730	Cataract Surgery	\$2,500.00
25835	Chemotherapy - Initial	\$400.00
26940	Physical Examination for Employment	\$75.00
27045	Psychotherapy - 45 minutes	\$120.00
28150	Bone Density Scan (DEXA)	\$100.00
29255	Varicose Vein Stripping	\$700.00
30360	Tonsillectomy	\$3,000.00
3:1465	EEG (Electroencephalogram)	\$180.00
32570	Cardiac Stress Test	\$250.00
33675	Endoscopy - Upper GI	\$600.00
34,780	Physical Therapy - 20 sessions	\$1,200.00
35885	Sleep Study - Polysomnography	\$350.00









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