



## **Self-pay Patient Discount Information**

*See Page Two for Detailed Pricing Information*

### **Self-pay Policies:**

- Patients will receive a 30% discount ONLY if payment is made at time of service. The Family Health Centers accepts cash, checks, Visa, Mastercard, Discover and American Express.
- Services provided during office visit that cannot be discounted include but may not be limited to:
  - Injections
  - Immunizations
  - Radiology Procedures (X-rays)
  - Labs Sent Outside - See other
  - Pathology Services for Procedures
  - Holter/Heart Monitors Interpretations for The Family Health Centers
  - Ultrasound Services
- In addition, you may receive a billing statement for services from outside agencies.
- Labs services not listed on Patient - Discount/Price Analysis will be sent to LabCorp for processing. Patients may receive a statement from LabCorp for their services. Please contact LabCorp directly for questions pertaining to their billing statement. LabCorp's number for Patient Billing is (800) 845-6167.
- Contact our billing office - 828-258-8681, option 4, if you have questions, or if you would like an itemized statement of your visit mailed to you.



**THE  
FAMILY HEALTH  
CENTERS**  
ASHEVILLE | ARDEN | HOMINY VALLEY

Office Visit Fees				
		CPT CODE	OUR PRICE	30% DISCOUNT
New Patient - 1		99201	\$81.00	\$56.70
New Patient - 2		99202	\$140.00	\$98.00
New Patient - 3		99203	\$204.00	\$142.80
New Patient - 4		99204	\$317.00	\$221.90
New Patient - 5		99205	\$398.00	\$278.60
Est. Patient - 2		99212	\$81.00	\$56.70
Est. Patient - 3		99213	\$136.00	\$95.20
Est. Patient - 4		99214	\$205.00	\$143.50
Est. Patient - 5		99215	\$276.00	\$193.20
Nutritional Visit - Initial		97802	\$248.00	\$173.60
Nutritional Visit - Follow-up		97803	\$110.00	\$77.00
Preventative Visit Fees - Well Child Check, Welcome to Medicare, etc.				
	Age			
New Patients	NB-11 mths.	99381	\$180.00	\$126.00
	1-4, 5-11	99382/99383	\$196.00	\$137.20
	12-17, 18-39	99384/99385	\$212.00	\$148.40
	40-64	99386	\$249.00	\$174.30
	>=65	99387	\$273.00	\$191.10
Established Patients	NB-11 mths.	99391	\$152.00	\$106.40
	1-4	99392	\$168.00	\$117.60
	5-11	99393	\$173.00	\$121.10
	12-17	99394	\$185.00	\$129.50
	18-39	99395	\$190.00	\$133.00
	40-64	99396	\$238.00	\$166.60
	>=65	99397	\$228.00	\$159.60
Lab Service Fees				
		CPT CODE	OUR PRICE	30% DISCOUNT
AMYLASE		82150	\$27.00	\$18.90
BMP		80048	\$30.00	\$21.00
BNP		83880	\$150.00	\$105.00
C. DIFF		87324	\$43.00	\$30.10
CBC		85025	\$38.00	\$26.60
CK, TOTAL		82550	\$30.00	\$21.00
CMP		80053	\$35.00	\$24.50
CRP-HS		86141	\$59.00	\$41.30
D BIL		82248	\$25.00	\$17.50
D-DIMER		85379	\$37.00	\$25.90
FERRITIN		82728	\$54.00	\$37.80
FLU TEST		87804	\$43.00	\$30.10
FOLIC ACID		82746	\$56.00	\$39.20
FSH		83001	\$78.00	\$54.60
GLUCOSE(FINGERSTICK)		82962	\$16.00	\$11.20
GLUCOSE(SERUM)		82947	\$18.00	\$12.60
H.PYLORI		83013, 83014	\$241.00	\$168.70
HEMOULT(3 TEST HOMEPACK=3 CPT'S)		82270	\$18.00	\$12.60
HEPATIC PANEL		80076	\$76.00	\$53.20
HGB A1C		83036	\$59.00	\$41.30
HGB(FINGERSTICK)		85018	\$26.00	\$18.20
IRON/TIBC		83540, 83550	\$67.00	\$46.90
KOH PREP		87220	\$23.00	\$16.10
LIPASE		83690	\$26.00	\$18.20
LIPID		80061	\$43.00	\$30.10
MAGNESIUM		83735	\$29.00	\$20.30
MICROALBUMIN		82044	\$20.00	\$14.00
MONO		86308	\$27.00	\$18.90
PHOSPHORUS		84100	\$21.00	\$14.70
PREGNANCY TEST(URINE)	(HCG)	81025	\$25.00	\$17.50
PRO TIME		99212, 85610	\$108.00	\$54.00
PTH		83970	\$149.00	\$104.30
PTH WITH CALCIUM		82310, 83970	\$170.00	\$119.00
SED RATE		85651	\$21.00	\$14.70
STREP		87880	\$47.00	\$32.90
TESTOSTERONE		84403	\$83.00	\$58.10
TPSA		84153	\$77.00	\$53.90
TSH		84443	\$58.00	\$40.60
T3, FREE		84481	\$69.00	\$48.30
T4, FREE		84439	\$51.00	\$35.70
URIC ACID		84550	\$21.00	\$14.70
URINALYSIS, DIPSTICK		81003	\$14.00	\$9.80
VENIPUNCTURE FEE		36415	\$15.00	\$10.50
VITAMIN B12		82607	\$60.00	\$42.00
VITAMIN D		82306	\$95.00	\$66.50
WET PREP		87210	\$16.00	\$11.20