

Costs of Most Common Services - Transparency in Health Care Prices Act

Community health centers offer service to all individuals regardless of insurance status or ability to pay. Patients in households with incomes below 200% of the Federal Poverty Level (FPL) receive discounts on a sliding fee scale. Patients with incomes less than 100% FPL pay a nominal fee of \$10.00. The nominal fee applies

Below are some of the most common services provided. The costs below represent the cost of services for self-pay patients and do not take into account any coverage from Medicaid, Medicare, or private health insurance. Contact us if you would like help enrolling in health insurance coverage.

Current Procedural Terminology (CPT) Code	Service Category	Service Description	Self-Pay Costs					
			Income Below 100% FPL	Income 100-125% FPL	Income 125-150% FPL	Income 150-175% FPL	Income 175-200% FPL	Income Above 200% FPL
36415	LAB	VENIPUNCTURE	NF	\$ 10.00	\$ 10.00	\$ 10.00	\$ 12.00	\$ 15.00
80048	LAB	BASIC METABOLIC PANEL	NF	\$ 10.00	\$ 20.00	\$ 30.00	\$ 40.00	\$ 50.00
80053	LAB	COMPREHENSIVE METABOLIC PANEL	NF	\$ 12.00	\$ 24.00	\$ 36.00	\$ 48.00	\$ 60.00
80061	LAB	LIPID PANEL	NF	\$ 13.00	\$ 26.00	\$ 39.00	\$ 52.00	\$ 65.00
81003	LAB	Urinalysis Auto without micro	NF	\$ 10.00	\$ 10.00	\$ 10.00	\$ 12.00	\$ 15.00
82306	LAB	VITAMIN D	NF	\$ 32.00	\$ 64.00	\$ 96.00	\$ 128.00	\$ 160.00
82607	LAB	VITAMIN B12	NF	\$ 18.00	\$ 36.00	\$ 54.00	\$ 72.00	\$ 90.00
83036	LAB	HEMOGLOBIN A1C	NF	\$ 10.00	\$ 16.00	\$ 24.00	\$ 32.00	\$ 40.00
84153	LAB	PSA TOTAL	NF	\$ 14.00	\$ 28.00	\$ 42.00	\$ 56.00	\$ 70.00
84443	LAB	TSH	NF	\$ 15.00	\$ 30.00	\$ 45.00	\$ 60.00	\$ 75.00
85025	LAB	Complete CBC w/auto diff	NF	\$ 10.00	\$ 12.00	\$ 18.00	\$ 24.00	\$ 30.00
85027	LAB	HEMOGRAM CBC WDIFF	NF	\$ 10.00	\$ 12.00	\$ 18.00	\$ 24.00	\$ 30.00
90471	INJECTION	IMMUNIZATON ADMINISTER VACCINE	NF	\$ 10.00	\$ 14.00	\$ 21.00	\$ 28.00	\$ 35.00
90688	INJECTION	FLU SHOT	NF	\$ 10.00	\$ 12.00	\$ 18.00	\$ 24.00	\$ 30.00
99202	MEDICAL	NEW PATIENT OFFICE VISIT LEVEL 2	NF	\$ 26.00	\$ 52.00	\$ 78.00	\$ 104.00	\$ 130.00
99213	MEDICAL	ESTABLISHED PATIENT OFFICE VISIT LEVEL 2	NF	\$ 23.00	\$ 46.00	\$ 69.00	\$ 92.00	\$ 115.00
99214	MEDICAL	ESTABLISHED PATIENT OFFICE VISIT LEVEL 3	NF	\$ 33.00	\$ 66.00	\$ 99.00	\$ 132.00	\$ 165.00
J0696	INJECTION	Rocephin 250 MG	NF	\$ 10.00	\$ 10.00	\$ 15.00	\$ 20.00	\$ 25.00
J1100	INJECTION	Decadron 1mg	NF	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00
J3301	INJECTION	Kenalog 10mg IM	NF	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00

We can help you determine whether you qualify for sliding fee scale discounts or if you are eligible for health care coverage to help cover the cost of care.

This document will be updated annually by the CFO and will be displayed on the KFMC website.

Please contact 580-286-6688 or shala@kiamichimed.org with any questions.

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Community health centers offer service to all individuals regardless of insurance status or ability to pay. Patients in households with incomes below 200% of the Federal Poverty Level (FPL) receive discounts on a sliding fee scale. Patients with incomes less than 100% FPL pay a nominal fee. The nominal fee for dental services is \$30 with an additional \$10 per tooth for services on multiple teeth. Services that include appliances (crowns, dentures) have a nominal fee

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D0120	OFFICE VISIT	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 45.00
D0140	ORAL EVALUATION PROBLEM FOCUSED	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 40.00	\$ 70.00
D0150	COMPREHENSIVE ORAL EVAL	\$ 30.00	\$ 30.00	\$ 30.00	\$ 36.00	\$ 48.00	\$ 75.00
D0220	XRAY 1ST FILM	\$ 10.00	\$ 10.00	\$ 10.00	\$ 12.00	\$ 16.00	\$ 25.00
D0274	XRAY 4 BITEWING FILMS	\$ 10.00	\$ 10.00	\$ 20.00	\$ 30.00	\$ 40.00	\$ 50.00
D0330	XRAY PANORAMIC FILM	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 45.00	\$ 100.00
D1110	PROPHYLAXIS ADULT	\$ 30.00	\$ 30.00	\$ 30.00	\$ 38.00	\$ 50.00	\$ 75.00
D1120	PROPHYLAXIS CHILD	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 38.00	\$ 50.00
D1208	Topical Application of Fluoride	\$ 10.00	\$ 10.00	\$ 10.00	\$ 12.00	\$ 16.00	\$ 25.00
D2330	RESIN BASED COMPOSITE ONE SURFACE ANTERIOR	\$ 30.00	\$ 30.00	\$ 40.00	\$ 60.00	\$ 80.00	\$ 125.00
D2331	RESIN BASED COMPOSITE 2 SURFACES ANTERIOR	\$ 30.00	\$ 30.00	\$ 45.00	\$ 70.00	\$ 95.00	\$ 165.00
D2332	RESIN BASED COMPOSITE 3 SURFACES	\$ 30.00	\$ 30.00	\$ 65.00	\$ 100.00	\$ 130.00	\$ 190.00
D2391	RESIN BASED COMPOSITE ONE SURFACE POSTERIOR	\$ 30.00	\$ 30.00	\$ 50.00	\$ 70.00	\$ 95.00	\$ 150.00
D2392	RESIN BASED COMPOSITE 2 SURFACES	\$ 30.00	\$ 30.00	\$ 65.00	\$ 95.00	\$ 125.00	\$ 190.00
D2393	RESIN BASED COMPOSITE 3 SURFACES	\$ 30.00	\$ 30.00	\$ 75.00	\$ 115.00	\$ 150.00	\$ 250.00
D2740	CROWN PORCELAIN CERAMIC SUBSTRATE	\$ 200.00	\$ 200.00	\$ 350.00	\$ 535.00	\$ 715.00	\$ 895.00
D4341	PERIODONTAL SCALING ROOT PLANING	\$ 30.00	\$ 30.00	\$ 80.00	\$ 120.00	\$ 160.00	\$ 200.00
D5214	PARTIAL DENTURE MANDIBULAR CAST METAL	\$ 340.00	\$ 340.00	\$ 440.00	\$ 660.00	\$ 880.00	\$ 1,100.00
D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT	\$ 30.00	\$ 30.00	\$ 50.00	\$ 75.00	\$ 100.00	\$ 140.00
D9930	TREATMENT OF COMPLICATIONS POST SURGICAL	\$ 10.00	\$ 12.00	\$ 24.00	\$ 36.00	\$ 48.00	\$ 60.00

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90832	Therapy, 30 min	\$ 10.00	\$ 25.00	\$ 50.00	\$ 75.00	\$ 100.00	\$ 125.00
90834	Therapy, 45 min	\$ 10.00	\$ 30.00	\$ 60.00	\$ 90.00	\$ 120.00	\$ 150.00
90837	Therapy, 60 min	\$ 10.00	\$ 35.00	\$ 70.00	\$ 105.00	\$ 140.00	\$ 175.00

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