

Mountain View Direct Care

Office Visit & Procedure Price Comparison

What hospital-owned practices charge vs. Direct Primary Care

The hidden cost of hospital-owned clinics: When your doctor's office is owned by a hospital, you receive **two separate bills** for every visit — a **professional fee** (for the doctor) and a **facility fee** (for the hospital). The same doctor, same exam room, same 15 minutes — but the hospital adds **\$50–\$350 extra** just for walking through their door. This guide shows what those visits actually cost at hospital-based practices compared to Direct Primary Care.

Hospital-based clinic (professional + facility fees) Medicare allowed amount (reference) MVDC member cost

OFFICE VISITS — ESTABLISHED PATIENTS (MOST COMMON VISIT TYPES)

CPT	Visit Type	Hospital Total (Prof + Facility)	Facility Fee Portion	Professional Fee Portion	Medicare Allows	MVDC Member Cost
99212	Straightforward (brief, simple issue)	\$123 – \$162	\$35 – \$116	\$45 – \$88	~\$57	\$0*
99213	Low complexity (most routine visits)	\$178 – \$221	\$50 – \$129	\$92 – \$128	~\$91	\$0*
99214	Moderate complexity (chronic disease mgmt)	\$259 – \$417	\$73 – \$234	\$183 – \$186	~\$128	\$0*
99215	High complexity (multiple chronic conditions)	\$349 – \$642	\$98 – \$347	\$251 – \$295	~\$180	\$0*

OFFICE VISITS — NEW PATIENTS

CPT	Visit Type	Hospital Total	Facility Fee	Professional Fee	Medicare	MVDC
99202	Straightforward (simple new concern)	\$196 – \$314	\$55 – \$169	\$141 – \$145	~\$72	\$0*
99203	Low complexity (new patient, focused eval)	\$279 – \$329	\$78 – \$191	\$137 – \$200	~\$112	\$0*
99204	Moderate complexity (thorough new eval)	\$428 – \$582	\$120 – \$346	\$236 – \$307	~\$167	\$0*
99205	High complexity (comprehensive new eval)	\$538 – \$925	\$150 – \$457	\$387 – \$468	~\$220	\$0*

ANNUAL PHYSICALS / PREVENTIVE VISITS (ADULTS)

CPT	Visit Type	Hospital Total	Facility Fee	Professional Fee	Medicare	MVDC
99385	New patient physical, age 18–39	\$243	—	\$243	~\$149	\$0*
99386	New patient physical, age 40–64	\$295	—	\$295	~\$173	\$0*
99395	Annual physical, age 18–39	\$327	\$132	\$195	~\$141	\$0*
99396	Annual physical, age 40–64	\$360	\$139	\$220	~\$154	\$0*
99397	Annual physical, age 65+	\$246	—	\$246	~\$167	\$0*

* \$0 with MVDC membership — all office visits, physicals, and well-woman exams are included in your monthly fee. No copay, no surprise bills. † Hospital totals are published list prices from Maine Medical Center and Memorial Hospital NH. Where only one hospital reports, a single price is shown. Medicare rates are approximate 2025 MPFS national non-facility allowed amounts.

Why Hospital Visits Cost More

When your doctor's office is owned by a hospital, you pay **two bills** for every visit: a **professional fee** (for the doctor) and a **facility fee** (for the hospital — even if the "facility" is a regular office building). That facility fee adds **\$50–\$350** to every visit. Same doctor, same exam room, same 15 minutes.

Over 60% of U.S. physicians now work for hospital-owned practices. In Maine, MaineHealth alone employs 1,400+ physicians.

The MVDC Math

MVDC membership: **\$105–\$135/month** (\$1,260–\$1,620/year) depending on age.

If you visit your doctor just **3 times per year**, the hospital would charge **\$534–\$1,251** for those visits alone (at 99213–99214 rates). Add an annual physical (**\$327–\$360**) and one procedure, and hospitals bill **\$1,400–\$2,400+**.

With MVDC: **every visit and physical is \$0** — plus same-day access, 30–60 min visits, your doctor's cell phone, and no surprise bills.

Family discounts: 10% (2 members), 15% (3), 20% (4+). Kids \$65/mo. Veterans/first responders 10% off.

Mountain View Direct Care

Common Office Procedures — Price Comparison

COMMON OFFICE PROCEDURES

CPT	Procedure	Hospital Total (Prof + Facility)	Facility Fee Portion	Professional Fee Portion	Medicare Allows	MVDC Member Cost
69210	Ear Wax Removal (cerumen, unilateral)	\$222 – \$264	\$90 – \$114	\$107 – \$174	~\$31	\$0*
93000	EKG / ECG (12-lead with interpretation)	\$150 – \$250 †	\$100 – \$175	\$50 – \$75	~\$18	\$50
20600	Joint Injection — Small (finger, toe)	\$522 – \$630	\$440 – \$546	\$82 – \$83	~\$43	\$105 §
20610	Joint Injection — Major (knee, shoulder)	\$517 – \$601	\$323 – \$489	\$111 – \$194	~\$64	\$105 §
11104	Skin Biopsy (punch, 1st lesion)	\$656 – \$722	\$512 – \$601	\$121 – \$145	~\$94	\$30 – \$50 ‡
17000	Cryotherapy / Lesion Destruction (1st lesion)	\$162+	—	\$162	~\$63	\$20
10060	I&D Abscess (incision & drainage, simple)	\$573 – \$782	\$243 – \$408	\$330 – \$374	~\$89	\$40
12001	Wound Repair / Laceration (<2.5 cm, simple)	\$335 – \$910	\$154 – \$464	\$181 – \$446	~\$43	\$40
96372	Therapeutic / Diagnostic Injection (IM or SC)	\$46 – \$241	\$46 – \$162	\$0 – \$79	~\$26	\$0*
90471	Immunization Administration (1st vaccine)	\$46 – \$56	—	\$46 – \$56	~\$31	\$0*
94010	Spirometry (breathing / lung function test)	\$268 – \$542	\$203 – \$418	\$65 – \$123	~\$21	Ask us

* Included in MVDC membership at no extra charge. † EKG hospital total estimated from typical facility + professional charges; hospitals often bill technical and professional components separately. ‡ Skin lesion removal \$30–\$50/lesion; pathology lab fee billed separately. § Joint injection = \$75 procedure + \$30 medication. Medication/vaccine costs are separate from administration fees.

Savings Examples — MVDC Member vs. Hospital

Scenario	Hospital	MVDC	You Save
3 routine visits (99213)	\$534 – \$663	\$0*	\$534+
Annual physical (99396)	\$360	\$0*	\$360
Knee injection (20610)	\$517 – \$601	\$105	\$412+
Skin lesion removal (11104)	\$656 – \$722	\$30 – \$50	\$606+
Laceration repair (12001)	\$335 – \$910	\$40	\$295+
Typical year (physical + 3 visits + 1 procedure)	\$1,400 – \$2,400+	\$0 – \$105	\$1,295+

* With MVDC membership (\$105–\$135/mo). Savings shown are per-visit hospital list prices avoided. Visits and physicals are unlimited and included in membership.

Hospital prices (red columns): Published list prices from Maine Medical Center (Portland, ME) and Memorial Hospital (North Conway, NH) CMS-mandated Machine-Readable Files (2025). Ranges show the low and high across both hospitals. Hospital totals = professional fee + facility fee combined. At these hospitals, cash price equals list price (no published self-pay discount).

Facility fee explained: Hospital-owned practices bill under the hospital's provider number, triggering a "facility fee" (also called a "site-of-service differential"). This fee is charged even when the office is miles from the hospital campus. An independent or DPC practice performing the identical service does not charge a facility fee.

Medicare amounts: Approximate 2025 Medicare Physician Fee Schedule (MPFS) national non-facility allowed amounts. Maine rates are typically 2–3% below national. Medicare does not cover CPT 99385–99397 preventive exams; it covers Annual Wellness Visits (G0438/G0439) instead. Amounts shown are what Medicare considers reasonable for each service.

MVDC pricing: From mountainviewdirectcare.com (Feb 2026). Membership includes unlimited office visits, physicals, well-woman exams, telehealth, and secure messaging. Procedure fees shown are a la carte member rates. Medication/vaccine costs are separate from administration fees.

Important: Hospital prices shown are for self-pay / uninsured patients. If you have insurance, your out-of-pocket cost depends on your deductible, copay, and plan design — but your insurer still pays these rates on your behalf (often at a negotiated discount). DPC membership is separate from health insurance.

Sources: Hospital MRF files per 45 CFR 180.50 (2025). Medicare rates from CMS Physician Fee Schedule (CY 2025, CF \$32.35). MVDC pricing from mountainviewdirectcare.com.