

Patient Name: _____ **DOB:** _____ **Date:** _____

SERVICE	CODE	SELF-PAY PRICE	CHECK IF APPLIES
NEW PATIENT VISIT			
New Pt, Infant	99381	\$165	
New Pt, 1 - 4 Years	99382	\$170	
New Pt, 5 - 11 Years	99383	\$175	
New Pt, 12 -17 Years	99384	\$185	
New Pt, 18 - 39 Years	99385	\$195	
New Pt, 40 - 64 Years	99386	\$200	
New Pt, 65 + Years	99387	\$205	
New Pt, Expanded Visit	99202	\$109	
New Pt, Detailed Visit	99203	\$169	
New Pt, Comprehensive Visit	99204	\$250	
New Pt, Comprehensive Visit	99205	\$330	
ESTABLISHED PATIENT VISIT			
Est Pt, Infant	99391	\$145	
Est Pt, 1 - 4 Years	99392	\$155	
Est Pt, 5 - 11 Years	99393	\$157	
Est Pt, 12 - 17 Years	99394	\$170	
Est Pt, 18 - 39 Years	99395	\$175	
Est Pt, 40 - 64 Years	99396	\$185	
Est Pt, 65 + Years	99397	\$190	
Est Pt, Expanded Visit	99213	\$135	
Est Pt, Detailed Visit	99214	\$190	
Est Pt, Comprehensive Visit	99215	\$270	
Est Pt, Nurse Visit	99211	\$35	
Est Pt, Focused Visit	99212	\$85	
Est Pt, After-Hours Add-On	99050	\$15	
MEDICATIONS			
Dexamethasone Oral	J8540	\$10	
Dexamethasone Injection	J1100	\$10	
Rocephin	J0696	\$10	
Epinephrine up to 1 mL	J0171	\$15	
Administration of Med / Injection	96372	\$20	
Toradol Injection	J1885	\$10	
B12 Injection	J3420	\$12	
ADD-ONS			
Vision Screening	99173	\$10	
Spot Vision	99177	\$20	
Hearing Screening	92552	\$25	
Counseling Well, +15 Minutes	99401	\$35	
Counseling Well, +30 Minutes	99402	\$65	
Asthma Education	S9441	\$20	

IN-HOUSE LABS			
Finger/Heel Stick	36416	\$10	
Venipuncture	36415	\$15	
Hemoglobin	85018	\$10	
Fecal Occult	82270	\$10	
Glucose In-House	82947	\$20	
Pregnancy Test	81025	\$20	
Specimen Handling	99000	\$5	
Rapid Strep	87880	\$35	
Urinalysis	81003	\$10	
Flu A and B x Covid Rapid	87804	\$40	
Covid x Flu A & B In-House	87428	\$80	
RSV Rapid In-House	87807	\$30	
Urine Drug Screen	80305	\$20	
SEPARATE SERVICES			
FMLA Paperwork		\$45	
Letters		\$10	
Forms		\$15-35	

ADDITIONAL SELF-PAY SERVICES			
Childcare Physical		\$35	
D.O.T. Physical		\$80	
Sports Physical		\$35	
Ear Piercing - Plastic		\$60	
Ear Piercing - Titanium		\$80	
Ear Numbing Gel		\$5	

You have requested today's visit be coded as "self-pay." Self-Pay pricing is offered to patients who elect to pay for the service in full on the date of service and who will not be submitting the claim to an insurance carrier. We want you to know what to expect so that you can make an informed decision.

To accomplish this, by signing below you agree to the following:

- **All fees for self-pay service are expected to be paid on the date of service. Visit payment is required on the date of service, and additional codes for services rendered may be processed after-the-fact and billed to the address on file accordingly.**
- If additional codes are used that are not yet included on this form, you may receive a bill to the address on file, which you will be due to pay upon receipt.
- The self-pay amount covers **only** the professional services provided by Millennial Medical Clinic. You are financially responsible for all ancillary services, for example laboratory services. You will receive a separate bill from the laboratory for those non-physician services.
- If you have insurance or other types of coverages, services received today that are included in the "self-pay" discount will not likely be reimbursed by your carrier or applied to your deductible as you have elected to self-pay. You may want to discuss this with your insurance carrier if you have one before agreeing to the self-pay discount.

By my signature below, I acknowledge that I have read and understand the above and confirm that I am the patient or the patient's duly authorized representative.

Patient or Representative Signature: _____

Date: _____ Amount Paid: _____

Relationship to Patient: _____