





Office Visits		Self-pay (Insurance not used)	iEverydayCARE (Limited member- ships still available)*	Today's Date	    Circle one			
Primary Care - Adult (New, Established, Annual Physical)		\$99	\$0	Name				
Primary Care - Baby & Child (New, Established, Well baby/Child)		\$99	\$0	Date of birth		Mobile #		
Chiropractic - New/Established		\$49	\$0	Card number				
Sports Physical		\$29	\$0	Exp date		CCV		
Pain Management - New		\$224	\$0	Signature				
Pain Management - Established		\$119	\$0					

Other Routine Services (always added to Office Visit)	Self-pay	iEDC
EKG	\$50	\$0
Spirometry	\$20	\$0
Breathing treatment (Nebulizer)	\$50	\$0
Chiropractic therapy/massage (each 15 minutes)	\$15 x ____	\$0

Dermatology	Self-pay	iEDC
Skin Proced. (mole/skin tag removal)	\$100 x ____	\$50 x ____
Skin Biopsy (each, pathology extra)	\$50 x ____	\$25 x ____

Interventional Pain (all inclusive Facility and Anesthesia)	Self-pay	iEDC
Spinal Epidural injections	\$1,500	\$999
Spinal Facet/MBB/Sacroiliac inj.	\$1,500	\$999
Spinal RFN	\$3,000	\$1,999
PRP (inclusive Fluoro/US)	\$500 x ____	\$300 x ____

Regenerative Medicine	Self-pay	iEDC
Stem Cell Therapy (1cc)	\$1,500 x ____	\$999 x ____
+ Breathing treatment (Nebulizer)	\$149	\$99
+ Joint injection (includ. Fluoro/US)	\$1000 x ____	\$500 x ____

Medications (added to Office Visit or Pro- cedure charge)	Self-pay	iEDC
IV Saline (1 Litre)	\$50 x ____	\$0 x ____
Toradol (15mg)	\$25 x ____	\$0 x ____
Rocephin (250mg)	\$25 x ____	\$0 x ____
Kenalog (40mg)	\$25 x ____	\$0 x ____
Solumedrol (125mg)	\$25 x ____	\$0 x ____
TB Skin Test	\$25	\$0

Radiology	Self-pay	iEDC
X-ray	\$60 x ____	\$40 x ____
MSK Ultrasound	\$200	\$150
Bone Density (DEXA)	\$150	\$100
Mammogram (Screening)	\$200	\$150
Mammogram (Diagnostic)	\$250	\$200
Colonoscopy	\$1,300	\$900
CT Scan	\$280 x ____	\$230 x ____
MRI Scan	\$450 x ____	\$350 x ____

Labs	Self-pay	iEDC
Total from back page		

Immunizations	Self-pay	iEDC
Total from back page		

Splints and Braces	Self-pay	iEDC
Total from back page		

* iEverydayCARE \$105/month membership is exclusive only to Arrowhead Health Centers

Lab Tests

Total Lab Price

Common Panels	Self-pay	iEDC	Reproductive Health	Self-pay	iEDC
CBC with Differential/Platelet	19.00	0	DHEA Sulfate	61.00	61.00
Comprehensive Metabolic Panel	27.40	0	Estradiol	65.00	65.00
Electrolyte Panel	19.40	0	FSH	42.00	42.00
Hepatic Function Panel	21.80	0	GGT	17.00	0
Hemoglobin A1C	27.00	0	hCG, Beta Subunit, Qnt, Serum	132.00	0
Lipid Panel	40.80	0	hCG, Beta Subunit, Qual, Serum	90.75	0
Measles, Mumps, Rubella Immunity	108.00	0	Luteinizing Hormone (LH)	40.00	40.00
Microalbumen, Creat Ratio, Randon Ur	57.00	0	Progesterone	40.00	40.00
Pap IG, HPV-hr	261.75	0	Prolactin	46.00	46.00
PSA, Serum	50.00	0	Testosterone, Free, Direct and Total	130.00	130.00
PTT/PT-INR	36.00	0	Testosterone, Free, Direct	78.00	78.00
Vitamin B12	31.00	0	Testosterone, Total	52.00	52.00
Vitamin D	85.00	0			
Urine	Self-pay	iEDC	Infectious Disease Occupational Health	Self-pay	iEDC
UA with Reflex	11.25	0	Chlamydia/GC Amplification	164.25	0
UA with Microscopic	19.50	0	Hep B Core Ab, IgM	40.00	0
UA, Routine	17.00	0	Hep C Ab	47.00	0
Urine Culture, Routine	28.00	0	Hep B Surface Ag	42.00	0
+UDS Confirmatory	235.00	185.00	Hep B Surface Ab	43.00	0
Thyroid	Self-pay	iEDC	HSV 1/2 Specific	109.00	0
TSH	108.00	108.00	HIV Panel 083935	84.00	0
T4, Free	22.40	0	HSV	109.00	0
Thyroglobulin Antibody	52.00	52.00	Vaginal DNA swab (Trich/BV/Candida)	288.00	0
Thyroid Peroxidase (TPO) Ab	40.00	0	RPR	14.00	0
Thyroxine (T4) Free	25.00	0	Wet Prep w/ Trich Culture	31.20	0
Point of Care Testing	Self-pay	iEDC	Point of Care Testing	Self-pay	iEDC
Rapid Strep	30.00	0	Unanalysis	15.00	0
Flu Test	30.00	0	Urine Drug Screen (iCUP)	25.00	0
Accucheck Blood Sugar	15.00	0	Urine Pregnancy Test	15.00	0

Total Immunization Price

Immunizations

	Price		Price		Price
Admin fee (1st vaccine) (\$0 for iEDC)	\$35	Hepatitis A	\$141	Measles, mumps, rubella MMR	\$98
Admin fee (ea after 1st) (\$0 for iEDC)	\$20	Hepatitis A (Peds)	\$75	Meningococcal vaccine MCV	\$154
Immunizations / Vaccines		Hepatitis B	\$95	PCV13 Prevnar	\$323
DT & Td	\$48	Hib	\$36	PPSV23 Pneumavax	\$146
DT vaccine	\$48	HPV Gardasil-9	\$315	Rotavirus vaccine, oral (included admin fee)	\$113
DT, and Tdap, Hib, IPV	\$125	Inactivated polio vaccine IPV	\$32	Varicella	\$183
DTaP (<7 years old)	\$27	Influenza vaccine (3+yrs dose)	\$23	Zoster (shingles)	\$313
DtaP, Tds, HepB, and IPV	\$174	Influenza vaccine (6-35 months old)	\$23		

Splints and Braces

Total Splint and Brace Price

	Price		Price		Price
Ankle Aircast Brace	\$25.50	Knee Hinged brace	\$57.00	Tens Unit - Electrodes	\$10.00
Ankle Lace-up Brace	\$25.50	Knee Patella Stabilizer hinged brace	\$58.50	Thumb Spica	\$25.50
Cam Walker Ossur	\$58.50	Shoulder Sling	\$10.50	Wrist Splint - Cock Up	\$21.00
Crutches	\$27.00	SVN Machine	\$46.50		
Heel Cushions/cups	\$18.00	Tennis Elbow Strap	\$22.50		
Icepack (Cervical / Lumbar)	\$18.00	Tens unit	\$50.00		