

X-Ray and Radiological Charges

The following charges are representative of x-ray and radiological procedures provided by the CCOC. The charge does not reflect the radiologist which will be billed separately by the radiologist.

ANKLE W/OBLIQUE 3 VIEWS	\$	860.00	KNEE, 1-2 VIEW	\$	500.00
AP PELVIS STANDING	\$	877.00	KNEE, 4+VIEWS	\$	980.00
CERVICAL FLEX EXTENSION	\$	877.00	LUMBOSACRO 1 VIEW	\$	502.00
CERVICAL 3 VIEW	\$	538.00	LUMBOSACRO 2-3 V OB	\$	877.00
CHEST, SINGLE	\$	457.00	LUMBOSACRO 4+ VIEWS	\$	980.00
CHEST, TWO VIEWS	\$	539.00	PELVIS W/HIP 2-3 VW	\$	505.00
CLAVICLE COMP	\$	730.00	SHOULDER, 1 VIEW	\$	478.00
ELBOW, 2 VIEWS	\$	526.00	SHOULDER, 2 VIEWS	\$	526.00
FINGER, 2+ VIEWS	\$	478.00	SHOULDER, 3+ VIEWS	\$	526.00
FLOURO GUIDE ND L SPIN	\$	1,183.00	SPINE 1VW	\$	554.00
FOOT, 3 VIEWS	\$	860.00	THORACIC SPINE AP & LA	\$	877.00
FOREARM, 2 VIEWS	\$	526.00	TIB-FIB 2 VIEWS	\$	501.00
HAND, 3 + VIEWS	\$	572.00	WRIST, 2 VIEWS	\$	511.00
KNEE W/SUN 3 VIEWS	\$	750.00	WRIST W/NAV 3+V	\$	575.00

Laboratory Charges

The following charges are representative of laboratory procedures provided by the CCOC. The charge does not reflect the fee for s which will be billed separately by the pathologist.

ABO TYPING	\$	56.00	HCG QUAL URINE	\$	168.00
AEROBE DEFIN ID EACH	\$	88.00	HCG RAPID QUAL	\$	59.00
ANTIBODY SCREEN	\$	188.00	HEMOGLOBIN	\$	22.00
BASIC METABOLIC PANEL	\$	67.00	HEMOGLOBIN A-1-C	\$	76.00
CBC W/ AUTO DIF	\$	62.00	HEMOGRAM	\$	50.00
COMPATIBILITY TEST	\$	824.00	POTASSIUM	\$	34.00
COMPR METABOLIC PA	\$	83.00	PROTHROMBIN TIME	\$	29.00
CREATININE	\$	34.00	RH TYPE	\$	41.00
CULT ANAEROBE W PR	\$	125.00	SODIUM	\$	40.00
CULT BAC UR W PRES	\$	65.00	SUSPECT MIC EACH	\$	112.00
CULT BAC W PRSMP I	\$	68.00	TROPONIN I	\$	79.00
ELECTROLYTE PANEL	\$	179.00	UREA NITROGEN	\$	29.00
GLUCOSE	\$	29.00	URINALYSIS DIP WITHOUT	\$	28.00
GLUCOSE, FINGERSTI	\$	21.00	URINE MICRO ONLY	\$	34.00
HEMATOCRIT, WB	\$	22.00	VITAMIN D 25 HYDROXY	\$	234.00

Clinic Fees

NEW PATIENT LEVEL 1	\$	141.00	ESTABLISHED LEVEL 1	\$	124.00
NEW PATIENT LEVEL 2	\$	184.00	ESTABLISHED LEVEL 2	\$	167.00
NEW PATIENT LEVEL 3	\$	240.00	ESTABLISHED LEVEL 3	\$	198.00
NEW PATIENT LEVEL 4	\$	314.00	ESTABLISHED LEVEL 4	\$	265.00
NEW PATIENT LEVEL 5	\$	373.00	ESTABLISHED LEVEL 5	\$	307.00
ASPIR/INJECTION SMALL JNT	\$	802.00	INJECTION - TENDON	\$	795.00
ASPIR/INJECTION INTER JNT	\$	1,109.00	CARPAL TUNNEL INJECTION	\$	806.00
ASPIR/INJECTION MAJOR JNT	\$	1,305.00	TENDON SHEATH INJECTION	\$	1,079.00

Hospital Billing Policies

Patients may call (800) 818-0886 for customer service. Staff are available to discuss financial assistance, discounts, and interest.

CCOC is committed to being ethically responsible to the patient for the billing process and resolution of conflicts associated with patient assistance to patients seeking to understand the charges related to their care. CCOC will resolve all patient billing questions objectively.