



CASH-PAY PRICING

NAME: _____

DOB: _____

DATE OF SERVICE: _____

☐ STANDARD VISIT _____ \$150

☐ NURSE VISIT _____ \$40

COLLECTED BY: _____

LABS

- | | | |
|--------------------------|----------------------------|-------|
| ☐ | COVID PCR | \$70 |
| ☐ | COVID RAPID | \$50 |
| ☐ | COVID/FLU RAPID | \$90 |
| ☐ | FLU PCR | \$100 |
| ☐ | GLUCOSE | \$5 |
| ☐ | HEMOCUE | \$5 |
| ☐ | MONO RAPID | \$10 |
| ☐ | PHLEBOTOMY | \$15 |
| ☐ | PREGNANCY TEST URINE | \$10 |
| ☐ | RSV RAPID | \$20 |
| ☐ | STREP RAPID | \$20 |
| ☐ | STREP PCR | \$50 |
| ☐ | URINALYSIS | \$5 |
| ☐ | SPOTFIRE- FULL RESPIRATORY | \$420 |
| ☐ | SPOTFIRE- MINI RESPIRATORY | \$150 |
| ☐ | SPOTFIRE- FULL SORE THROAT | \$420 |
| ☐ | SPOTFIRE- MINI SORE THROAT | \$200 |
| ☐ | RAPID BV | \$20 |
| ☐ | RAPID GC/CT/TRICH | \$150 |

OTHER

- | | |
|--------------------------|-------|
| ☐ | _____ |
| ☐ | _____ |
| ☐ | _____ |
| ☐ | _____ |

PROCEDURES

- | | | |
|--------------------------|---------------------------------|-------|
| ☐ | EKG | \$20 |
| ☐ | EXTREMITY SPLINT- LONG | \$120 |
| ☐ | EXTREMITY SPLINT- SHORT | \$100 |
| ☐ | FLOURESCIN EXAM | \$120 |
| ☐ | IM INJECTION | \$20 |
| ☐ | IUD REMOVAL | \$150 |
| ☐ | IV INFUSION- HYDRATION | \$45 |
| ☐ | IV INFUSION- MEDICATION | \$85 |
| ☐ | IV PUSH | \$50 |
| ☐ | LACERATION REPAIR- COMPLEX | \$300 |
| ☐ | LACERATION REPAIR- INTERMEDIATE | \$150 |
| ☐ | LACERATION REPAIR- SIMPLE | \$100 |
| ☐ | NAIL TREPHINATION | \$75 |
| ☐ | PELVIC EXAM | \$30 |

MEDICATION COSTS ARE INCLUDED
IN ADMINISTRATION.

X-RAY IMAGING

- | | | |
|--------------------------|----------------------------------|------|
| ☐ | ALL STUDIES, INC. RADIOLOGY READ | \$50 |
|--------------------------|----------------------------------|------|

PAID: _____

ADDITIONAL EXPENSES: _____

TOTAL: _____