



### Campus Community Health – Aurora, CO

Code	Procedure Name	Fee
99214	OUTPT ESTAB VST-LEVEL IV	\$ 512.00
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$ 42.00
80305	DRUG TEST PRSMV QUAL DIR OPTICAL OBS PER DAY	\$ 58.00
99395	PREV E & M ESTAB PT 18-39 YRS	\$ 356.00
90651	HUMAN PM VAC TYPES 6 11 16 18 31 33 45 52 58 NONVALENT 3 DOSE IM USE	\$ 323.00
90713	POLIOVIRUS VACCINE INACTIVATED (IPV) SC/IM USE	\$ 66.00
99213	OUTPT ESTAB VST-LVL III	\$ 361.00
90715	TDAP VACCINE GT7 IM	\$ 183.00
90471	IMMUNIZATION ADMIN ONE VACCINE (SINGLE OR COMBIN VACCINE/TOXOID)	\$ 127.00
93248	EXTERNAL ECG REC 7D 15D REVIEW & INTERPRETATION	\$ 133.00
81025	URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON METHODS	\$ 34.00
99203	OUTPT NEW VST-LVL III	\$ 443.00
99212	OUTPT ESTAB VST-LVL II	\$ 225.00
11982	REMOVAL NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$ 795.00
96372	THERAPEUTIC PROPHYLACTIC OR DIAGNOSTIC INJECTION SUBCUT/INTRAMUSCULAR	\$ 127.00

If you are not covered by health insurance, you are strongly encouraged to contact our billing office at 303.493.7700 to discuss payment options prior to receiving a health care service from a health care provider at our clinic since posted health care prices may not reflect the actual amount of your financial responsibility.