



Aurora Wellness Community Health Center - Aurora, CO

Code	Description	Fee
99214	OUTPT ESTAB VST-LVEL IV	\$512.00
99213	OUTPT ESTAB VST-LVL III	\$361.00
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$43.00
99204	OUTPT NEW VST-LVL IV	\$661.00
99203	OUTPT NEW VST-LVL III	\$443.00
90471	IMMUNIZATION ADMIN ONE VACCINE (SINGLE OR COMBIN VACCINE/TOXOID)	\$127.00
90677	PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), FOR INTRAMUSCULAR USE	\$1,446.00
99215	OUTPT ESTAB VST-LVL V	\$714.00
90472	IMMUNIZATION ADMIN EACH ADDIT VACCINE (SINGLE OR COMBIN VACCINE/TOXOID)	\$74.00
90715	TDAP VACCINE GT7 IM	\$188.00
90746	HEP B VACCINE ADULT DOSAGE IM USE	\$342.00
90651	HUMAN PM VAC TYPES 6 11 16 18 31 33 45 52 58 NONVALENT 3 DOSE IM USE	\$369.00
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$690.00
93000	ELECTROCARDIOGRAM,AT LEAST 12 LEADS	\$91.00
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.