CU Medicine Obstetrics and Gynecology Central Park – Denver, CO

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>57100</td>
<td>BIOPSY OF VAGINAL MUCOSA; SIMPLE (57100)</td>
<td>$ 527.00</td>
</tr>
<tr>
<td>58300</td>
<td>INSERT INTRAUTERINE DEVICE (58300)</td>
<td>$ 423.00</td>
</tr>
<tr>
<td>76817</td>
<td>ULTRASOUND PREGNANT UTERUS REAL TIME W/IMAGE DOCUMENTATION TRANSVAGINAL</td>
<td>$ 405.00</td>
</tr>
<tr>
<td>99203</td>
<td>OUTPT NEW VST-LVL III</td>
<td>$ 443.00</td>
</tr>
<tr>
<td>99204</td>
<td>OUTPT NEW VST-LVL IV</td>
<td>$ 659.00</td>
</tr>
<tr>
<td>99212</td>
<td>OUTPT ESTAB VST-LVL II</td>
<td>$ 225.00</td>
</tr>
<tr>
<td>99213</td>
<td>OUTPT ESTAB VST-LVL III</td>
<td>$ 360.00</td>
</tr>
<tr>
<td>99214</td>
<td>OUTPT ESTAB VST-LVEL IV</td>
<td>$ 507.00</td>
</tr>
<tr>
<td>99215</td>
<td>OUTPT ESTAB VST-LVL V</td>
<td>$ 713.00</td>
</tr>
<tr>
<td>99385</td>
<td>PREV E &amp; M NEW PT 18-39 YRS</td>
<td>$ 392.00</td>
</tr>
<tr>
<td>99386</td>
<td>PREV E &amp; M NEW PT 40-64 YRS</td>
<td>$ 476.00</td>
</tr>
<tr>
<td>99395</td>
<td>PREV E &amp; M ESTAB PT 18-39 YRS</td>
<td>$ 356.00</td>
</tr>
<tr>
<td>99205</td>
<td>OUTPT NEW VST-LVL V</td>
<td>$ 871.00</td>
</tr>
<tr>
<td>56605</td>
<td>BIOPSY OF VULVA OR PERINEUM; 1 LESION</td>
<td>$ 493.00</td>
</tr>
<tr>
<td>58301</td>
<td>REMOVE INTRAUTERINE DEVICE (58301)</td>
<td>$ 565.00</td>
</tr>
</tbody>
</table>

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.