



Campus Community Health – Aurora, CO

Code	Description	Fee
81025	URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON METHODS	\$ 34.00
87210	SMEAR PRIMARY SOURCE W/INTERPRET WET MOUNT FOR INFECTIOUS AGENTS	\$ 24.00
90471	IMMUNIZATION ADMIN ONE VACCINE (SINGLE OR COMBIN VACCINE/TOXOID)	\$ 127.00
90651	HUMAN PM VAC TYPES 6 11 16 18 31 33 45 52 58 NONVALENT 3 DOSE IM USE	\$ 305.00
99202	OUTPT NEW VST-LVL II	\$ 302.00
99203	OUTPT NEW VST-LVL III	\$ 443.00
99204	OUTPT NEW VST-LVL IV	\$ 659.00
99205	OUTPT NEW VST-LVL V	\$ 871.00
99211	OUTPT ESTAB VST-LVL I	\$ 94.00
99212	OUTPT ESTAB VST-LVL II	\$ 225.00
99213	OUTPT ESTAB VST-LVL III	\$ 360.00
99214	OUTPT ESTAB VST-LVL IV	\$ 507.00
99215	OUTPT ESTAB VST-LVL V	\$ 713.00
99395	PREV E & M ESTAB PT 18-39 YRS	\$ 356.00

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.