



Children’s Colorado Outpatient Care at Briargate - Colorado Springs, CO

Code	Description	Fee
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN	\$ 9.00
73100	X-RAY WRIST 2 VIEWS	\$ 140.00
76770	ULTRASOUND RETROPERITONEAL REAL TIME IMAGE DOCUMENTATION COMPLETE	\$ 496.00
93000	ELECTROCARDIOGRAM,AT LEAST 12 LEADS	\$ 91.00
93303	TRANSTHORACIC ECHOCARDIOGRAPHY;COMPLETE	\$1,356.00
93306	ECHOCARDIOGRAPH TRANSTHORAC REAL-TIME W/IMAGE DOC COMPLETE W/SPECTRAL DOPPLER	\$1,137.00
93325	DOPPLER COLOR FLOW ADD ON	\$ 229.00
95004	PERCUTANEOUS TEST W/ALLERGENIC EXTRACTS IMMED TYPE REACT SPECIFY NUMBER TESTS	\$ 34.00
99024	POST-OP VISIT INCL GLOBAL SVCS	\$ -
99203	OUTPT NEW VST-LVL III	\$ 443.00
99204	OUTPT NEW VST-LVL IV	\$ 659.00
99205	OUTPT NEW VST-LVL V	\$ 871.00
99213	OUTPT ESTAB VST-LVL III	\$ 360.00
99214	OUTPT ESTAB VST-LVEL IV	\$ 507.00
99215	OUTPT ESTAB VST-LVL V	\$ 713.00

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.