



## CU Medicine Family Medicine Depot Hill – Broomfield, CO

Code	Procedure Name	Fee
99213	OUTPT ESTAB VST-LVL III	\$ 361.00
99396	PREV E & M ESTAB PT 40-64 YRS	\$ 388.00
99214	OUTPT ESTAB VST-LVEL IV	\$ 512.00
99395	PREV E & M ESTAB PT 18-39 YRS	\$ 356.00
90715	TDAP VACCINE GT7 IM	\$ 183.00
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$ 42.00
99385	PREV E & M NEW PT 18-39 YRS	\$ 392.00
99215	OUTPT ESTAB VST-LVL V	\$ 714.00
90832	PSYCHOTHERAPY 30 MIN WITH PATIENT AND OR FAMILTY MEMBER	\$ 290.00
99204	OUTPT NEW VST-LVL IV	\$ 661.00
G0439	ANNUAL WELLNESS VISIT INCL PPS SUBSEQUENT VISIT	\$ 522.00
90471	IMMUNIZATION ADMIN ONE VACCINE (SINGLE OR COMBIN VACCINE/TOXOID)	\$ 127.00
99203	OUTPT NEW VST-LVL III	\$ 443.00
90472	IMMUNIZATION ADMIN EACH ADDIT VACCINE (SINGLE OR COMBIN VACCINE/TOXOID)	\$ 73.00
90460	IMMUN ADMIN THRU 18 YRS VIA ANY RTE ADMIN W COUNSEL OQHCP FIRST VACC COMPON	\$ 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.