

2008–2009 Fee Schedule

Student Health Services • P.O. Box 237 • MTSU, Murfreesboro, TN 37132

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LAB FEES	<input type="checkbox"/> 99070 Cesia \$18	<input type="checkbox"/> 99070 Metronidazole \$7	MISC. SUPPLIES
<input type="checkbox"/> 80048 BMP \$5	<input type="checkbox"/> 99070 DepoProvera \$56	<input type="checkbox"/> 99070 Naprosyn 500/20 \$6	<input type="checkbox"/> A4202 Ace Wrap \$1/\$2
<input type="checkbox"/> 85024 CBC \$8	<input type="checkbox"/> 99070 Kariva \$21	<input type="checkbox"/> 99070 Phenazopyridine \$2	<input type="checkbox"/> 29590 Ankle Brace \$20
<input type="checkbox"/> 80053 CMP \$8	<input type="checkbox"/> 99070 Microgestin \$18	<input type="checkbox"/> 99070 Promethazine \$6	<input type="checkbox"/> 29590 Ankle Support \$7
<input type="checkbox"/> 84479 Free T4 \$14	<input type="checkbox"/> 99070 Nuva Ring \$40	<input type="checkbox"/> 99070 Pseudo-Chlor \$5	<input type="checkbox"/> A4565 Arm Sling \$7
<input type="checkbox"/> 17305 GC/Chlamydia \$25	<input type="checkbox"/> 99070 Solia \$18	<input type="checkbox"/> 99070 Pseudoephedrine \$3/\$4	<input type="checkbox"/> 29130 Finger Splint \$3
<input type="checkbox"/> 82948 Glucose \$5	<input type="checkbox"/> 88142 Thin Prep Pap \$45	<input type="checkbox"/> 99070 Sylvadene Cream \$3/\$6	<input type="checkbox"/> 99070 Prophylax \$1
<input type="checkbox"/> 86900 Group & RH (86901) \$15	<input type="checkbox"/> 87620 w/HPV \$55	<input type="checkbox"/> 99070 Tessalon Perles \$11	<input type="checkbox"/> 99070 Rigid Sole Shoe \$10
<input type="checkbox"/> 34340 Hep B Surface Antibody \$14	<input type="checkbox"/> Thin prep Col Fee \$15	<input type="checkbox"/> 99070 Tobramycin \$5	<input type="checkbox"/> L1906 Walking Boot \$60
<input type="checkbox"/> 80074 Hep Profile \$65	<input type="checkbox"/> 99070 TriPreviFem \$18	<input type="checkbox"/> 99070 Triamcinolone Cm. \$6	<input type="checkbox"/> 9907055 Wrist Splint \$10
<input type="checkbox"/> 83036 HGB A1C \$13		<input type="checkbox"/> 99070 Trimeth/Sulfa \$4/\$6	
<input type="checkbox"/> 86703 HIV Blood \$16	MEDICATION	<input type="checkbox"/> 99070 Zantac \$5	PROCEDURES
<input type="checkbox"/> 86703a HIV 1/2 Stat \$15	<input type="checkbox"/> 99070 Albut. Inh. \$15	<input type="checkbox"/> 99070 Zotane HC Otic \$15	<input type="checkbox"/> 91840 Albut Neb \$5
<input type="checkbox"/> 87070 HSV Culture \$5	<input type="checkbox"/> 99070 Amox 500/30 \$8/\$11	<input type="checkbox"/> 99070 Z-pack \$35	<input type="checkbox"/> 11100 Biopsy \$10
<input type="checkbox"/> 87210 KOH/NS Prep \$5	<input type="checkbox"/> 99070 APAP Tabs \$2		<input type="checkbox"/> 69210 Cerumen Rem \$10
<input type="checkbox"/> 80061 Lipid Profile HDL \$15	<input type="checkbox"/> 99070 Bactroban \$10	INJECTIONS AND IMMUNIZ.	<input type="checkbox"/> 17000 Dest. Lesion \$5/\$10
<input type="checkbox"/> 80076 Liver Function \$10	<input type="checkbox"/> 99070 Benadryl 25/10 \$3	<input type="checkbox"/> 95115 Allergy \$4/\$6	<input type="checkbox"/> 99070 Dressing (Initial) \$3/\$6
<input type="checkbox"/> 86403 Mono Screen \$7	<input type="checkbox"/> 99070 Cephalixin \$11	<input type="checkbox"/> 90782 Decadron 8 mg. \$8	<input type="checkbox"/> 93000 EKG \$15
<input type="checkbox"/> 86735 Mumps Titer \$18	<input type="checkbox"/> 99070 Cipro (1 dose) \$2	<input type="checkbox"/> J0704 Depomedrol \$16	<input type="checkbox"/> 92499 Fluor-I-Strip \$4
<input type="checkbox"/> 86592 RPR \$6	<input type="checkbox"/> 99070 Cipro (14) \$7	<input type="checkbox"/> J1200 Diphenhydramine \$3	<input type="checkbox"/> 94010 Pulmonary Function \$10
<input type="checkbox"/> 86762 Rubella Titer \$14	<input type="checkbox"/> 99070 Cipro 500 \$6	<input type="checkbox"/> J0170 Epinephrine \$3	<input type="checkbox"/> 44604 Suture Wound \$20
<input type="checkbox"/> 86765 Rubeola Titer \$17	<input type="checkbox"/> 99070 Cipro 500 (20) \$7	<input type="checkbox"/> 90649 Gardasil \$130	<input type="checkbox"/> 99070 Sylvadene Drsg. \$5/\$10
<input type="checkbox"/> 85651 SED rate \$7	<input type="checkbox"/> 99070 Cyclobenzaprine \$6	<input type="checkbox"/> 90632 Hepatitis A \$30	<input type="checkbox"/> 73140 X-ray \$15/\$20
<input type="checkbox"/> 84703 Serum HCG \$9	<input type="checkbox"/> 99070 Diflucan 150 \$7	<input type="checkbox"/> 90748 Hep B \$32	
<input type="checkbox"/> STD Panel Blood \$60	<input type="checkbox"/> 99070 Doxycycline 100/14 \$5	<input type="checkbox"/> 90658 Influenza	OTHER
<input type="checkbox"/> 87430 Strep \$7	<input type="checkbox"/> 99070 Doxycycline 100/20 \$6	<input type="checkbox"/> 90782 Inj. Fee \$5	<input type="checkbox"/> 99381 FAA Physical \$60/\$75
<input type="checkbox"/> 84443 TSH \$18	<input type="checkbox"/> 99070 ERY-TAB 333 \$11	<input type="checkbox"/> 90733 Meningitis \$95	<input type="checkbox"/> 97381 Nursing Physical \$30
<input type="checkbox"/> 87086 Urine C/S \$18	<input type="checkbox"/> 99070 Guaif DM Liq \$4	<input type="checkbox"/> 90707 MMR \$50	<input type="checkbox"/> 97001 Physical \$10/\$15
<input type="checkbox"/> 81002 Urine Dip \$3	<input type="checkbox"/> 99070 Guaif DM 600/30 \$4	<input type="checkbox"/> J8550 Promethazine \$5/\$7	<input type="checkbox"/> Cold Pack \$5
<input type="checkbox"/> 81025 Urine HCG \$7	<input type="checkbox"/> 99070 Hyoscyamine \$4	<input type="checkbox"/> J0696 Rocephin \$10/\$15/\$17	<input type="checkbox"/> Raider Care Kit \$25
<input type="checkbox"/> 86787 Varicella Titer \$18	<input type="checkbox"/> 99070 Ibuprofen 800/9 \$5	<input type="checkbox"/> 90782 Soluortef \$10	<input type="checkbox"/> Appointment Fee \$10
<input type="checkbox"/> 87073 Wound Culture \$18	<input type="checkbox"/> 99070 Immodium \$4	<input type="checkbox"/> 90720 TetanDiphth \$20	
	<input type="checkbox"/> 99070 Loratidine \$4	<input type="checkbox"/> 86580 TB \$8	
WOMEN'S HEALTH	<input type="checkbox"/> 99070 Meclizine 12.5 mg \$3	<input type="checkbox"/> 90703 TDAP \$42	
<input type="checkbox"/> 99070 Aviane 28 \$21	<input type="checkbox"/> 99070 Medrol Dosepak \$9	<input type="checkbox"/> 90782 Toradol \$6	

Diagnosis (1) _____ (2) _____ (3) _____ (4) _____ (5) _____

Patient Name _____
DOB _____ SSN _____
Date of Service _____
Time in _____ Time out _____

Today's Charges _____
Payment: <input type="checkbox"/> Cash _____
<input type="checkbox"/> Check _____
<input type="checkbox"/> Credit Card _____
<input type="checkbox"/> RAIDER FUNDS _____
Current Balance _____