

2009–2010 Fee Schedule

Student Health Services • P.O. Box 237 • MTSU, Murfreesboro, TN 37132
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LAB FEES	WOMEN'S HEALTH	MISC. SUPPLIES	OTHER
<input type="checkbox"/> 80048 BMP \$5	<input type="checkbox"/> 99070 DepoProvera \$35	<input type="checkbox"/> A4202 Ace Wrap \$3	<input type="checkbox"/> 99381 FAA Physical \$60/\$75
<input type="checkbox"/> 85024 CBC \$10	<input type="checkbox"/> 88142 Thin Prep Pap \$45	<input type="checkbox"/> 29590 Ankle Brace \$22	<input type="checkbox"/> 99381 ATC Physical \$85
<input type="checkbox"/> 80053 CMP \$10	<input type="checkbox"/> 87620 w/HPV \$55	<input type="checkbox"/> 29590 Ankle Support \$7	<input type="checkbox"/> 97381 Nursing Physical \$30
<input type="checkbox"/> 84479 Free T4 \$8	<input type="checkbox"/> Thin prep Col Fee \$15	<input type="checkbox"/> A4565 Arm Sling \$8	<input type="checkbox"/> 97001 Physical \$12/\$25
<input type="checkbox"/> 17305 GC/Chlamydia \$25		<input type="checkbox"/> 29130 Finger Splint \$3	<input type="checkbox"/> 97001 Travel, Nonstudent \$25
<input type="checkbox"/> 82948 Glucose \$5		<input type="checkbox"/> 29515 Knee Support \$18	<input type="checkbox"/> Raider Care Kit \$25
<input type="checkbox"/> 86900 Group & RH (86901) \$15		<input type="checkbox"/> 99070 Rigid Sole Shoe \$10	<input type="checkbox"/> Appointment Fee \$10
<input type="checkbox"/> 34340 Hep B Surface Antibody \$14	INJECTIONS AND IMMUNIZ.	<input type="checkbox"/> 99070 Thumb Spica \$14	<input type="checkbox"/> 99070 Bactroban \$10
<input type="checkbox"/> 80074 Hep Profile \$65	<input type="checkbox"/> 95115 Allergy \$4/\$6	<input type="checkbox"/> L1906 Walking Boot \$60	
<input type="checkbox"/> 83036 HGB A1C \$13	<input type="checkbox"/> 90782 Decadron 8 mg. \$8	<input type="checkbox"/> 9907055 Wrist Splint \$10	
<input type="checkbox"/> 86703 HIV Blood \$16	<input type="checkbox"/> J0704 Depomedrol \$16		
<input type="checkbox"/> 86703a HIV 1/2 Stat \$15	<input type="checkbox"/> J07043 Depo/Dec 4/40 \$12		
<input type="checkbox"/> 87070 HSV Culture \$5	<input type="checkbox"/> J1200 Diphenhydramine \$3		
<input type="checkbox"/> 87210 KOH/NS Prep \$7	<input type="checkbox"/> J0170 Epinephrine \$3	PROCEDURES	
<input type="checkbox"/> 80061 Lipid Profile HDL \$15	<input type="checkbox"/> 90649 Gardasil \$130	<input type="checkbox"/> 91840 Albut Neb \$5	
<input type="checkbox"/> 80076 Liver Function \$10	<input type="checkbox"/> 90632 Hepatitis A \$80	<input type="checkbox"/> 11100 Biopsy \$10	
<input type="checkbox"/> 86403 Mono Screen \$10	<input type="checkbox"/> 90748 Hep B \$65	<input type="checkbox"/> 69210 Cerumen Rem \$10	
<input type="checkbox"/> 86735 Mumps Titer \$18	<input type="checkbox"/> 90658 Influenza	<input type="checkbox"/> 17000 Dest. Lesion \$5/\$10	
<input type="checkbox"/> 86592 RPR \$6	<input type="checkbox"/> 90782 Inj. Fee \$5	<input type="checkbox"/> 99070 Dressing (Initial) \$3/\$6	
<input type="checkbox"/> 86762 Rubella Titer \$14	<input type="checkbox"/> 90733 Meningitis \$95	<input type="checkbox"/> 93000 EKG \$15	
<input type="checkbox"/> 86765 Rubeola Titer \$17	<input type="checkbox"/> 90707 MMR \$50	<input type="checkbox"/> 92499 Fluor-I-Strip \$5	
<input type="checkbox"/> 85651 SED rate \$7	<input type="checkbox"/> J8550 Promethazine \$5/\$7	<input type="checkbox"/> 94010 Pulmonary Function \$10	
<input type="checkbox"/> 84703 Serum HCG \$9	<input type="checkbox"/> J0696 Rocephin \$10/\$15/\$17	<input type="checkbox"/> 44604 Suture Wound \$20	
<input type="checkbox"/> STD Panel Blood \$60	<input type="checkbox"/> 90782 Solucortef \$10	<input type="checkbox"/> 99070 Sylvadene Drsg. \$5/\$10	
<input type="checkbox"/> 87430 Strep \$10	<input type="checkbox"/> 90720 TetanDiphth \$20	<input type="checkbox"/> 94664 Xopenex Treatment \$8	
<input type="checkbox"/> 84443 TSH \$8	<input type="checkbox"/> 86580 TB \$12	<input type="checkbox"/> 73140 X-ray \$20	
<input type="checkbox"/> 87086 Urine C/S \$25	<input type="checkbox"/> 90703 TDAP \$42	<input type="checkbox"/> 00044 Staple Removal \$5	
<input type="checkbox"/> 81002 Urine Dip \$5	<input type="checkbox"/> 90782 Toradol \$6	<input type="checkbox"/> 20520 Surgical Removal \$10/20	
<input type="checkbox"/> 81025 Urine HCG \$7	<input type="checkbox"/> 90636 Twinrix \$110		
<input type="checkbox"/> 86787 Varicella Titer \$18			
<input type="checkbox"/> 87073 Wound Culture \$25			
<input type="checkbox"/> 87400 Influenza A/B \$12			

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 _____