

PRECISION

CPT Code	Description	Self Pay
CT/CTA		
74160	CT ABDOMEN WITH CONTRAST	\$250
74170	CT ABDOMEN WITHOUT AND WITH CONTRAST	\$300
74150	CT ABDOMEN WITHOUT CONTRAST	\$200
74177	CT ABDOMEN/PELVIS WITH CONTRAST	\$350
74178	CT ABDOMEN/PELVIS WITHOUT AND WITH CONTRAST	\$400
74176	CT ABDOMEN/PELVIS WITHOUT CONTRAST	\$200
74174	CT ANGIO ABDOMEN AND PELVIS	\$450
74175	CT ANGIO ABDOMEN WITH CONTRAST	\$325
73206	CT ANGIO ARM WITHOUT AND WITH CONTRAST	\$325
71275	CT ANGIO CHEST NON-CORONARY	\$300
75574	CT ANGIO CORONARY ARTERIES WITH CALCIUM SCORING	\$350
70496	CT ANGIO HEAD WITH CONTRAST	\$300
73706	CT ANGIO LOWER EXTREMITY WITH AND WITHOUT CONTRAST	\$350
70498	CT ANGIO NECK WITH CONTRAST	\$300
72191	CT ANGIO PELVIS WITH CONTRAST	\$325
75635	CT ANGIO WITH RUNOFFS	\$425
73700	CT ANKLE WITHOUT CONTRAST	\$200
73701	CT ANKLE WITH CONTRAST	\$300
73702	CT ANKLE WITHOUT AND WITH CONTRAST	\$300
73701/27648	CT ARTHROGRAM ANKLE WITH CONTRAST INCLUDING INJECTION	\$500
73201/24220	CT ARTHROGRAM ELBOW WITH CONTRAST INCLUDING INJECTION	\$500
73701/27093	CT ARTHROGRAM HIP WITH CONTRAST INCLUDING INJECTION	\$500
73701/27369	CT ARTHROGRAM KNEE WITH CONTRAST INCLUDING INJECTION	\$500
72193/27096	CT ARTHROGRAM SACROILIAC JTS WITH CONTRAST INCLUDING INJECTION	\$500
73201/23350	CT ARTHROGRAM SHOULDER WITH CONTRAST INCLUDING INJECTION	\$500
73201/25246	CT ARTHROGRAM WRIST WITH CONTRAST INCLUDING INJECTION	\$500
72126	CT CERVICAL SPINE WITH CONTRAST	\$200
72127	CT CERVICAL SPINE WITHOUT AND WITH CONTRAST	\$250
72125	CT CERVICAL SPINE WITHOUT CONTRAST	\$200
71260	CT CHEST WITH CONTRAST	\$200
71270	CT CHEST WITHOUT AND WITH CONTRAST	\$250
71250	CT CHEST WITHOUT CONTRAST	\$200
74261	CT COLONOGRAPHY - Diagnostic	\$750
74263	CT COLONOGRAPHY - SCREENING	\$750
75571	CT CORONARY CALCIUM SCORING	\$99
73200	CT ELBOW WITHOUT CONTRAST	\$200
73201	CT ELBOW WITH CONTRAST	\$300
73202	CT ELBOW WITHOUT AND WITH CONTRAST	\$300
73700	CT FEMUR WITHOUT CONTRAST	\$200
73702	CT FEMUR WITHOUT AND WITH CONTRAST	\$250
70460	CT HEAD WITH CONTRAST	\$200
70470	CT HEAD WITHOUT AND WITH CONTRAST	\$250
70450	CT HEAD WITHOUT CONTRAST	\$200
73700	CT HIP WITHOUT CONTRAST	\$200
73702	CT HIP WITHOUT AND WITH CONTRAST	\$250
73700	CT KNEE WITHOUT CONTRAST	\$200
73702	CT KNEE WITHOUT AND WITH CONTRAST	\$250

71271	CT LOW DOSE LUNG SCREENING	\$200
72132	CT LUMBAR SPINE WITH CONTRAST	\$200
72133	CT LUMBAR SPINE WITHOUT AND WITH CONTRAST	\$250
72131	CT LUMBAR SPINE WITHOUT CONTRAST	\$200
70486	CT MAXILLOFACIAL WITHOUT CONTRAST	\$200
73700	CT MIDFOOT/FOREFOOT/TOE WITHOUT CONTRAST	\$200
73702	CT MIDFOOT/FOREFOOT/TOE WITHOUT AND WITH CONTRAST	\$250
70481	CT ORBIT EAR FOSSA WITH CONTRAST	\$200
70482	CT ORBIT EAR FOSSA WITHOUT AND WITH CONTRAST	\$250
70487	CT PARANASAL SINUSES WITH CONTRAST	\$200
70488	CT PARANASAL SINUSES WITHOUT AND WITH CONTRAST	\$250
72193	CT PELVIS WITH CONTRAST	\$300
72194	CT PELVIS WITHOUT AND WITH CONTRAST	\$275
72192	CT PELVIS WITHOUT CONTRAST	\$200
70491	CT SOFT TISSUE NECK WITH CONTRAST	\$200
70492	CT SOFT TISSUE NECK WITHOUT AND WITH CONTRAST	\$250
70490	CT SOFT TISSUE NECK WITHOUT CONTRAST	\$200
70480	CT TEMPORAL BONES WITHOUT CONTRAST	\$200
72129	CT THORACIC SPINE WITH CONTRAST	\$250
72130	CT THORACIC SPINE WITHOUT AND WITH CONTRAST	\$250
72128	CT THORACIC SPINE WITHOUT CONTRAST	\$200
73200	CT UPPER EXTREMITY NON JOINT WITHOUT CONTRAST	\$200

DEXA

77080	DXA BONE DENSITY - AXIAL SKELETON	\$50
77081	DXA BONE DENSITY - APPENDICULAR SKELETON - PERIPHERAL	\$50
76499	BODY COMPOSITION	\$50

BREAST IMAGING

77066/77062	MAMMOGRAM DIAGNOSTIC BILATERAL W/ OR W/O TOMO	\$225
77065/77061	MAMMOGRAM DIAGNOSTIC UNILATERAL W/ OR W/O TOMO	\$200
77067/77063	MAMMOGRAM SCREENING W/ OR W/O TOMO	\$190
77049	MR BREAST BILATERAL WITHOUT AND WITH CONTRAST	\$400
77049-52	MR ABBREVIATED BREAST SCREENING - DENSE BREAST ONLY	\$299
77049	MR BREAST BILATERAL WITHOUT CONTRAST - FOR INTEGRITY	\$250
19081	STEREOTACTIC GUIDED BREAST PERCUTANEOUS INCLUDING CLIP BIOPSY, FIRST LESION*	\$1,200
19082	STEREOTACTIC GUIDED BREAST PERCUTANEOUS INCLUDING CLIP BIOPSY, EACH ADD'L LESION*	\$500
19083	ULTRASOUND GUIDED BREAST PERCUTANEOUS INCLUDING CLIP BIOPSY, FIRST LESION*	\$800
19084	ULTRASOUND GUIDED BREAST PERCUTANEOUS INCLUDING CLIP BIOPSY, EACH ADD'L LESION*	\$450
19085	MRI GUIDED BREAST PERCUTANEOUS INCLUDING CLIP BIOPSY, FIRST LESION*	\$1,500
19086	MRI GUIDED BREAST PERCUTANEOUS INCLUDING CLIP BIOPSY, EACH ADD'L LESION*	\$800
38505	BIOPSY OR EXCISION OF LYMPH NODE BY NEEDLE SUPERFICIAL	\$250
76642	US BREAST UNILATERAL LIMITED	\$125
76641	US UNILATERAL BREASTS COMPLETE	\$175
76641	US WHOLE BREAST SCREENING ULTRASOUND COMPLETE	\$250
*	PRICE DOES NOT INCLUDE PATHOLOGY COST. MORE DETAILS AVAILABLE UPON REQUEST.	

MRI/MRA

74182	MR ABDOMEN WITH CONTRAST	\$350
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74183	MR ABDOMEN WITHOUT AND WITH CONTRAST	\$400
74181	MR ABDOMEN WITHOUT CONTRAST	\$300
74185	MR ANGIO ABDOMEN WITHOUT OR WITH CONTRAST	\$400
70546	MR ANGIO AND/OR VENOGRAM HEAD WITHOUT AND WITH CONTRAST	\$400
73225	MR ANGIO ARM WITHOUT AND WITH CONTRAST	\$400
71555	MR ANGIO CHEST WITHOUT OR WITH CONTRAST	\$400
70545	MR ANGIO HEAD WITH CONTRAST	\$300
70544	MR ANGIO HEAD WITHOUT CONTRAST	\$300
73725	MR ANGIO LEG WITHOUT AND WITH CONTRAST	\$400
70548	MR ANGIO NECK WITH CONTRAST	\$300
70549	MR ANGIO NECK WITHOUT AND WITH CONTRAST	\$400
70547	MR ANGIO NECK WITHOUT CONTRAST	\$300
72198	MR ANGIO PELVIS WITHOUT AND WITH CONTRAST	\$400
73721	MR ANKLE WITHOUT CONTRAST	\$250
73722	MR ANKLE WITH CONTRAST	\$450
73723	MR ANKLE WITHOUT AND WITH CONTRAST	\$450
73722/27648	MR ARTHROGRAM ANKLE W/CONTRAST INCLUDING INJECTION	\$650
73222/24220	MR ARTHROGRAM ELBOW WITH CONTRAST INCLUDING INJECTION	\$650
73722/27093	MR ARTHROGRAM HIP WITH CONTRAST INCLUDING INJECTION	\$650
73722/27369	MR ARTHROGRAM KNEE WITH CONTRAST INCLUDING INJECTION	\$650
72196/27096	MR ARTHROGRAM SACROILIAC JTS WITH CONTRAST INCLUDING INJECTION	\$650
73222/23350	MR ARTHROGRAM SHOULDER WITH CONTRAST INCLUDING INJECTION	\$650
73222/25246	MR ARTHROGRAM WRIST WITH CONTRAST INCLUDING INJECTION	\$650
70553	MR BRAIN WITHOUT AND WITH CONTRAST*	\$400
70553/76377	MR BRAIN WITHOUT AND WITH CONTRAST W/NEUROQANT	\$550
70551	MR BRAIN AND IACS WITHOUT CONTRAST*	\$300
70552	MR BRAIN WITH CONTRAST*	\$300
77049	MR BREAST BILATERAL WITHOUT AND WITH CONTRAST	\$400
77047	MR BREAST BILATERAL WITHOUT CONTRAST	\$250
75557	MR CARDIAC MORPHOLOGY	\$1,200
75559	MR CARDIAC WITH STRESS IMAGING	\$1,200
75563	MR CARDIAC WITH STRESS IMAGING WITH CONTRAST	\$1,200
72142	MR CERVICAL SPINE WITH CONTRAST	\$350
72156	MR CERVICAL SPINE WITHOUT AND WITH CONTRAST	\$400
72141	MR CERVICAL SPINE WITHOUT CONTRAST	\$250
71551	MR CHEST WITH CONTRAST	\$450
71552	MR CHEST WITHOUT AND WITH CONTRAST	\$500
71550	MR CHEST WITHOUT CONTRAST	\$400
73221	MR ELBOW WITHOUT CONTRAST	\$250
73223	MR ELBOW WITHOUT AND WITH CONTRAST	\$450
70542	MR FACIAL STRUCTURES WITH CONTRAST	\$300
70543	MR FACIAL STRUCTURES WITHOUT AND WITH CONTRAST	\$400
70540	MR FACIAL STRUCTURES WITHOUT CONTRAST	\$300
73718	MR FEMUR/THIGH WITHOUT CONTRAST	\$350
73720	MR FEMUR/THIGH WITHOUT AND WITH CONTRAST	\$400
73219	MR FINGER(S) WITH CONTRAST	\$400
73218	MR FOREARM WITHOUT CONTRAST	\$350
73220	MR FOREARM WITHOUT AND WITH CONTRAST	\$500
73222	MR FOREARM WITH CONTRAST	\$450
73718	MR FOREFOOT/TOES WITHOUT CONTRAST	\$350
73720	MR FOREFOOT/TOES WITHOUT AND WITH CONTRAST	\$400
73218	MR HAND/FINGER WITHOUT CONTRAST	\$350
73220	MR HAND/FINGER WITHOUT AND WITH CONTRAST	\$500
73721	MR HIP WITHOUT CONTRAST	\$250
73723	MR HIP WITHOUT AND WITH CONTRAST	\$450
73218	MR HUMERUS WITHOUT CONTRAST	\$350

73220	MR HUMERUS WITHOUT AND WITH CONTRAST	\$500
73721	MR KNEE WITHOUT CONTRAST	\$250
73723	MR KNEE WITHOUT AND WITH CONTRAST	\$500
73718	MR LOWER LEG (CALF, TIB/FIB) WITHOUT CONTRAST	\$350
73720	MR LOWER LEG (CALF, TIB/FIB) WITHOUT AND WITH CONTRAST	\$400
72149	MR LUMBAR SPINE WITH CONTRAST	\$350
72158	MR LUMBAR SPINE WITHOUT AND WITH CONTRAST	\$400
72148	MR LUMBAR SPINE WITHOUT CONTRAST	\$250
72196	MR PELVIS WITH CONTRAST	\$400
72197	MR PELVIS WITHOUT AND WITH CONTRAST	\$500
72197/76140	MR PELVIS WITHOUT AND WITH CONTRAST W/DYNACAD	\$700
72195	MR PELVIS WITHOUT CONTRAST	\$300
73220	MR SCAPULA WITHOUT AND WITH CONTRAST	\$500
73221	MR SHOULDER WITHOUT CONTRAST	\$250
73223	MR SHOULDER WITHOUT AND WITH CONTRAST	\$425
72147	MR THORACIC SPINE WITH CONTRAST	\$300
72157	MR THORACIC SPINE WITHOUT AND WITH CONTRAST	\$400
72146	MR THORACIC SPINE WITHOUT CONTRAST	\$250
70336	MR TMJ	\$350
73221	MR WRIST WITHOUT CONTRAST	\$250
73223	MR WRIST WITHOUT AND WITH CONTRAST	\$500
72159	MRA SPINE WITHOUT AND WITH CONTRAST	\$400
76377	ADD NEUROQUANT TO BRAIN MRI	\$150
76140	DYNACAD PROSTATE TO OUTSIDE MRI	\$200

PET/CT

*	PRICES INCLUDE COST OF RADIOPHARMACEUTICAL FDG	
78608/A9552	PET/CT BRAIN - FDG - METABOLIC EVALUATION*	\$1,500
78492/A9552	PET/CT CARDIAC AMMONIA REST AND STRESS STUDY*	\$1,500
78491/A9552	PET/CT CARDIAC AMMONIA REST STUDY*	\$1,500
78459/A9552	PET/CT CARDIAC VIABILITY SINGLE STUDY - FDG*	\$1,500
78815/A9552	PET/CT FDG SKULL TO THIGH*	\$1,500
78816/A9552	PET/CT FDG TOTAL BODY*	\$1,500
78814/A9552	PET/CT LIMITED*	\$1,500
78815/A9588	PET/CT AXUMIN	Drug Cost \$4500.00
78815/A9587	PET/CT DOTATATE	Drug Cost \$3500.00
78815/A9597	PET/CT Cu-64 Dotatate (DetectNet)	Drug Cost \$4000.00
78815/A9595	PET/CT PSMA Pylarify	Drug Cost \$5000.00
78815/A9596	PET/CT PSMA Illucix	Drug Cost \$4500.00
78815/A9800	PET/CT PSMA LOCAMETZ	Drug Cost \$4700.00

ULTRASOUND

10005	ULTRASOUND GUIDED BREAST FINE NEEDLE ASPIRATION BIOPSY, FIRST LESION	\$400
10006	ULTRASOUND GUIDED BREAST FINE NEEDLE ASPIRATION BIOPSY, EACH ADD'L LESION	\$250
38505	NEEDLE BIOPSY LYMPH NODES AXILLARY	\$300
76700	US ABDOMEN COMPLETE	\$150
76705	US ABDOMEN LIMITED	\$125
76775	US AORTA	\$125
76641	US UNILATERAL BREASTS COMPLETE	\$150
93880	US BILATERAL COMPLETE CAROTID DOPPLER	\$250
93925	US BILATERAL EXTREMITY ARTERIAL DOPPLER	\$300
93970	US BILATERAL EXTREMITY VENOUS DOPPLER	\$250

93930	US BILATERAL UPPER EXTREMITY ARTERIAL DOPPLER	\$250
76604	US CHEST WALL/UPPER BACK	\$100
93975	US DOPPLER ABDOMEN COMPLETE	\$300
93976	US DOPPLER ABDOMEN LIMITED	\$175
93306	US ECHOCARDIOGRAM TRANSTHORACIC COMPLETE	\$200
76706	US EXAM AAA SCREENING	\$200
76881	US EXTREMITY NON-VASCULAR COMPLETE	\$150
76882	US EXTREMITY NON-VASCULAR LTD	\$150
76856/76830	US PELVIC/TRANSVAGINAL	\$300
76856	US NONOBSTETRIC PELVIS COMPLETE	\$150
76830	US NONOBSTETRIC TRANSVAGINAL	\$150
76857	US NONOBSTETRIC PELVIC LIMITED	\$150
76812	US OB DETAILED ADDL FETUS	\$250
76811	US OB DETAILED SNGL FETUS	\$200
76816	US OB FOLLOW-UP PER FETUS	\$200
76815	US OB LIMITED FETUS(ES)	\$200
76810	US OBSTETRIC - ADDITIONAL FETUS - 14 WEEKS OR GREATER	\$200
76802	US OBSTETRIC - ADDITIONAL FETUS - LESS THAN 14 WEEKS	\$200
76805	US OBSTETRIC - SINGLE FETUS - 14 WEEKS OR GREATER	\$200
76801	US OBSTETRIC - SINGLE FETUS - LESS THAN 14 WEEKS	\$200
76817	US OBSTETRIC TRANSVAGINAL	\$200
76873	US PROSTATE VOLUME STUDY FOR BRACHYTHERAPY PLANNING	\$200
76770	US RENAL COMPLETE	\$150
76870	US SCROTUM AND CONTENTS	\$150
76870/93976	US SCROTUM WITH DOPPLER	\$325
76536	US SOFT TISSUE HEAD/NECK (THYROID, PAROTID, PARATHYROID)	\$150
76872	US TRANSRECTAL PROSTATE	\$200
93926	US UNILATERAL EXTREMITY ARTERIAL DOPPLER	\$200
93971	US UNILATERAL LOWER EXTREMITY VENOUS DOPPLER	\$200
93931	US UNILATERAL UPPER EXTREMITY ARTERIAL DOPPLER	\$200

XRAY

74021	XRAY ABDOMEN 3 VIEWS	\$50
74022	XRAY ABDOMEN COMPLETE, 3 OR MORE VIEWS	\$50
73600	XRAY ANKLE AP AND LATERAL	\$50
73610	XRAY ANKLE COMPLETE	\$50
73050	XRAY BILATERAL AC JOINTS WITHOUT AND WITH WEIGHTS	\$50
73522	XRAY BILATERAL HIPS, WITH PELVIS, 3-4 VIEWS	\$50
73523	XRAY BILATERAL HIPS COMPLETE AND AP PELVIS, MINIMUM OF 5 VIEWS	\$75
71110	XRAY BILATERAL RIBS	\$50
71111	XRAY BILATERAL RIBS WITH PA CHEST	\$75
73565	XRAY BILATERAL STANDING KNEES - AP ONLY	\$50
77072	XRAY BONE AGE STUDY	\$50
73650	XRAY CALCANEUS, MINIMUM OF 2 VIEWS	\$50
72040	XRAY CERVICAL SPINE AP AND LATERAL	\$50
72050	XRAY CERVICAL SPINE COMPLETE	\$75
72052	XRAY CERVICAL SPINE WITH OBLIQUES FLEXION EXTENSION	\$75
71045	XRAY CHEST 1 VIEW	\$50
71048	XRAY CHEST 4 VIEWS	\$50
71046	XRAY CHEST PA AND LATERAL	\$50
71047	XRAY CHEST PA AND LATERAL WITH APICAL LORDODIC VIEW	\$50
73070	XRAY ELBOW 2 VIEWS	\$50
72082	XRAY ENTIRE SPINE SURVEY - AP AND LATERAL, 2-3 VIEWS	\$75
72083	XRAY ENTIRE SPINE SURVEY - AP AND LATERAL, 4-5 VIEWS	\$100

72084	XRAY ENTIRE SPINE SURVEY - AP AND LATERAL, MINIMUM OF 6 VIEWS	\$100
70030	XRAY EYES FOR FOREIGN BODY	\$50
70150	XRAY FACIAL BONES COMPLETE	\$50
70140	XRAY FACIAL BONES LIMITED	\$50
73551	XRAY FEMUR, 1 VIEW	\$50
73140	XRAY FINGER	\$50
73620	XRAY FOOT AP AND LATERAL, 2 VIEWS	\$50
73630	XRAY FOOT, MINIMUM 3 VIEWS	\$50
73130	XRAY HAND	\$50
73501	XRAY HIP 1 VIEW	\$50
73503	XRAY HIP UNILATERAL > 4 or more views	\$75
73502	XRAY HIP UNILATERAL 2-3 VIEWS	\$50
73592	XRAY INFANT LEG 2 VIEW	\$50
70134	XRAY INTERNAL AUDITORY MEATUS	\$75
73562	XRAY KNEE 3 VIEWS	\$50
73560	XRAY KNEE AP AND LATERAL, 1 OR 2 VIEWS	\$50
73564	XRAY KNEE COMPLETE, 4 OR MORE VIEWS	\$50
74018	XRAY KUB	\$50
73092	XRAY ARM INFANT	\$50
73000	XRAY CLAVICLE	\$50
73080	XRAY ELBOW COMPLETE	\$50
73090	XRAY FOREARM	\$50
73120	XRAY HAND 2 VIEWS	\$50
73060	XRAY HUMERUS COMPLETE	\$50
71100	XRAY RIBS, UNILATERAL	\$50
71101	XRAY RIBS WITH PA CHEST, UNILATERAL	\$50
73010	XRAY SCAPULA	\$50
73110	XRAY WRIST COMPLETE	\$50
77073	XRAY LEG LENGTH STUDY	\$50
72100	XRAY LUMBAR SPINE AP AND LATERAL	\$50
72110	XRAY LUMBAR SPINE COMPLETE	\$50
72114	XRAY LUMBAR SPINE COMPLETE WITH FLEXION AND EXTENSION	\$75
72120	XRAY LUMBAR SPINE FLEXION AND EXTENSION ONLY	\$50
70110	XRAY MANDIBLE COMPLETE	\$50
70100	XRAY MANDIBLE LIMITED	\$50
70130	XRAY MASTOIDS COMPLETE	\$75
70120	XRAY MASTOIDS LIMITED	\$50
70160	XRAY NASAL BONES COMPLETE	\$50
74022	XRAY OBSTRUCTION SERIES WITH PA CHEST	\$50
70190	XRAY OPTIC FORAMINA	\$50
70200	XRAY ORBITS COMPLETE	\$50
72170	XRAY PELVIS AP	\$50
72190	XRAY PELVIS COMPLETE (3 OR MORE VIEWS)	\$50
72202	XRAY SACROILIAC JOINTS COMPLETE	\$50
72200	XRAY SACROILIAC JOINTS LIMITED	\$50
72220	XRAY SACRUM AND/OR COCCYX	\$50
70240	XRAY SELLA TURCICA	\$50
73020	XRAY SHOULDER 1 VIEW	\$50
73030	XRAY SHOULDER COMPLETE; MIN 2 VIEWS	\$50
70220	XRAY SINUSES COMPLETE	\$50
70210	XRAY SINUSES LIMITED	\$50
77075	XRAY SKELETAL SURVEY COMPLETE	\$100
77074	XRAY SKELETAL SURVEY LIMITED	\$75
70260	XRAY SKULL COMPLETE	\$50
70250	XRAY SKULL LIMITED	\$50
70360	XRAY SOFT TISSUE NECK	\$50

72020	XRAY SPINE SINGLE VIEW	\$50
71130	XRAY STERNOCLAVICULAR JOINTS	\$50
71120	XRAY STERNUM	\$50
72070	XRAY THORACIC 2 VIEWS	\$50
72072	XRAY THORACIC SPINE AP AND LATERAL WITH SWIMMERS VIEW	\$50
72074	XRAY THORACIC SPINE COMPLETE	\$50
72081	XRAY THORACOLUMBAR SPINE AP AND LATERAL, 1 VIEW	\$50
73590	XRAY TIB/FIB	\$50
70328	XRAY TMJ 3 VIEWS	\$50
70330	XRAY TMJ BILATERAL COMPLETE	\$75
73660	XRAY TOE(S), MINIMUM OF 2 VIEWS	\$50
73100	XRAY WRIST 2 VIEWS	\$50
74021	XRAY ABDOMEN 3 VIEWS	\$50
74022	XRAY ABDOMEN COMPLETE, 3 OR MORE VIEWS	\$50

PREVENTATIVE SCREENING EXAMS

PRVT1	PREVENTATIVE SCREENING TIER 1	\$1999
PRVT2	PREVENTATIVE SCREENING TIER 2	\$3999
PRVT3	PREVENTATIVE SCREENING TIER 3	\$7999
	GALLERI CANCER TESTING	\$1050

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