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SELF-PAY PRICE LIST

MOBILE ULTRASOUND SELF-PAY TRANSPORTATION+SET UP FEE \$350

Requires a physician's order

The order can be faxed to (916) 877- 693 or brought to the appointment. Procedure preparation requirements are provided by the provider during the scheduling. You may contact them to learn if there are any special requirements.

DIAGNOSTIC ULTRASOUND EXAM

FEE

UPPER EXTREMITY ARTERIAL DUPLEX – BILATERAL	\$290
LOWER EXTREMITY ARTERIAL DUPLEX – BILATERAL	\$290
UPPER EXTREMITY VENOUS DOPPLER – BILATERAL	\$290
LOWER EXTREMITY VENOUS DOPPLER – BILATERAL	\$290
AAA EVALUATION	\$250
ABDOMEN ULTRASOUND – LIMITED	\$220
ABDOMEN ULTRASOUND – COMPLETE	\$270
APPENDIX ULTRASOUND – COMPLETE	\$220
RENAL W/BLADDER ULTRASOUND – COMPLETE	\$270
ABDOMINAL AORTA DOPPLER	\$270
BREAST ULTRASOUND	\$270
OB ULTRASOUND – BIOPHYSICAL PROFILE W/BIOMETRY	\$270
OB ULTRASOUND – EARLY OB < 13 WEEKS	\$270
OB ULTRASOUND – FETAL SURVEY 18 < WEEKS	\$270
PELVIC ULTRASOUND – TRANSABDOMINAL AND TRANSVAGINAL	\$270
PELVIC ULTRASOUND – TRANSABDOMINAL ONLY	\$250
RENAL DOPPLER	\$270
SOFT TISSUE ULTRASOUND – SINGLE PRIMARY LOCATION	\$220
TESTICULAR ULTRASOUND	\$270
TESTICULAR ULTRASOUND W/HERNIA CHECK, INGUINAL CANAL AND/OR HASSELBACH'S TRIANGLE	\$290
THYROID ULTRASOUND – SOFT TISSUE	\$250
ECHOCARDIOGRAM	\$350
EKG – 12 LEAD	\$75.00
ABI – LIMITED	\$110
ABI – COMPLETE	\$170
PULMONARY FUNCTION TEST (PFT)	\$369

X-RAY SELF-PAY PRICE LIST
MOBILE X-RAY SELF-PAY TRANSPORTATION+SET UP FEE \$350

X-RAY EXAM	FEE	X-RAY EXAM	FEE
AC JOINTS BILATERAL	\$90.00	NASAL BONES COMPLETE	\$100.00
ACUTE ABDOMEN FREE AIR SERIES W/PA CHEST	\$100.00	NECK SOFT TISSUE	\$90.00
ABDOMEN COMPLETE SERIES FLAT/UPRIGHT	\$120.00	ORBITS COMPLETE	\$100.00
ABDOMEN SINGLE AP VIEW	\$95.00	PELVIS AP ONLY	\$90.00
ANKLE AP LATERAL	\$65.00	PELVIS COMPLETE	\$100.00
ANKLE COMPLETE	\$80.00	RIBS BILATERAL	\$100.00
CALCANEUS	\$75.00	RIBS BILATERAL CHEST	\$100.00
CHEST SINGLE VIEW FRONTAL	\$80.00	RIBS UNILATERAL	\$100.00
CHEST TWO VIEWS	\$100.00	RIBS UNILATERAL CHEST	\$100.00
CLAVICLE COMPLETE	\$80.00	SACROILIAC JOINTS 3 VIEWS	\$100.00
ELBOW AP LATERAL	\$80.00	SACRUM COCCYX	\$100.00
ELBOW COMPLETE	\$90.00	SCAPULA COMPLETE	\$100.00
FACIAL BONES	\$90.00	SCOLIOSIS STUDY	\$100.00
FACIAL BONES COMPLETE	\$100.00	SHOULDER COMPLETE	\$100.00
FEMUR AP LATERAL	\$80.00	SHOULDER ONE VIEW	\$100.00
FINGER(S) TWO VIEWS	\$100.00	SINUSES PARANASAL COMPLETE	\$100.00
FOOT AP LATERAL	\$75.00	SKULL	\$100.00
FOOT COMPLETE	\$90.00	SPINE CERVICAL W/OBLIQUES	\$100.00
FOREARM AP LATERAL	\$85.00	SPINE CERVICAL AP LAT	\$100.00
HAND THREE VIEWS	\$90.00	SPINE CERVICAL COMPLETE FLEX/EXT	\$100.00
HAND TWO VIEWS	\$75.00	SPINE LUMBOSACRAL AP LAT	\$100.00
HIP BILATERAL W/PELVIS	\$100.00	SPINE LUMBOSACRAL COMPLETE	\$100.00
HIP COMPLETE W/ PELVIS TWO VIEWS	\$100.00	SPINE LUMBOSACRAL COMPLETE FLEX/EXT	\$100.00
HIP UNILATERAL ONE VIEW	\$90.00	SPINE THORACIC AP LAT	\$100.00
HUMERUS	\$80.00	STERNOCLAVICULAR JT	\$100.00
KNEE AP LAT W/ OBLIQUES	\$100.00	STERNUM	\$100.00
KNEE AP LATERAL	\$90.00	TMJ BILATERAL	\$100.00
KNEE COMPLETE THREE VIEWS	\$100.00	TIBIA FIBULA AP LAT	\$90.00
KNEES BILATERAL STANDING	\$100.00	TOE(S)	\$70.00
MANDIBLE COMPLETE	\$100.00	WRIST AP LATERAL	\$80.00
MASTOIDS	\$100.00	WRIST COMPLETE	\$90.00
DEXA	\$150.00		