

SELF PAY PRICES-ONLY FOR PATIENTS THAT DO NOT HAVE INSURANCE



MRI BRAINWO-MRI L, T AND C SPINE W/O				\$480.00
MRI BRAIN-MRI L, T, C SPINE W&W/O CONTRAST				\$750.00
MRI UPPER AND LOWER EXTREMITY AND PELVIS	W/O	\$470.00	W/WO	\$750.00
CT BRAIN	W/O	\$250.00	W/WO	\$360.00
CT SINUS	W/O	\$300.00		
CT SOFT TISSUE NECK	W/O	\$300.00	WITH CONTRAST	\$400.00 W/WO \$450.00
CT CHEST			W/O	\$300.00 WITH CONTRAST \$400.00
CTA CHEST				\$500.00
CT L,T,C SPINE UPPER AND LOWER EXT PELVIS	W/O	\$300.00	W/WO CONTRAST	\$450.00
CT ABDOMEN	W/O	\$300.00	CT ABDOMEN W/WO	\$470.00
CT ABDOMEN AND PELVIS	W/O	\$480.00	CT ABDOMEN AND PELVIS W/WO	\$650.00
CTA ABDOMEN AND PELVIS				\$800.00
MAMMOGRAM SCREENING	\$150.00	DIAGNOSTIC	\$185.00 UNILATERAL	\$130.00
DEXA				\$100.00
US ABDOMEN			COMPLETE \$160.00 LIMITED	\$125.00
US PELVIS	COMPLETE	\$145.00	LIMITED	\$100.00 TRANSVAG \$145.00
US SCROTUM				\$145.00
US RETRO			COMPLETE	\$150.00 LIMITED \$130.00
US THYROID/NON-VASCULAR EXTREMITY				\$150.00
US BREAST	B/L	\$220.00	LIMITED	\$150.00
US EXTREMITY NON-VASCULAR				\$150.00
US CAROTIDS				\$225.00
US ARTERIAL DOPPLER BILAT				\$325.00
US VENOUS DOPPLER UNILATERAL				\$130.00
US VENOUS DOPPLER BILATERAL				\$260.00
US TRANVAGINAL	\$150.00		US TRANSVAGINAL OB	\$225.00
CHEST XR 2 VIEW				\$ 33.00
CHEST XR 1 VIEW				\$ 26.00
SINUS XR COMPLETE				\$ 42.00
ABDOMEN XR 1 VIEW				\$ 27.00
RIBS B/L 3 VIEW				\$ 50.00
C,T,OR L SPINE XR 2 VIEW				\$ 45.00
C OR T SPINE 4 VIEW				\$ 65.00
C OR L SPINE WITH BENDING				\$ 85.00
PELVIS XRAY				\$ 40.00
UPPER EXTREMITY XRAY 2 VIEW				\$ 40.00
UPPER EXTREMITY XRAY 3 VIEWS OR MORE				\$ 50.00
HIPS BILATERAL XRAY				\$ 50.00
LOWER EXTREMITY XRAY 2 VIEW				\$ 40.00
LOWER EXTREMITY XRAY 3 OR MORE VIEWS				\$ 50.00