

## Self-Pay Options

Patients Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Service: \_\_\_\_\_

**Effective August 3, 2015, our self-pay options have changed as a result of joining Privia Medical Group (PMG). With this change our fees have increased to comply with PMG policies.**

**Please Circle**

Sick Visits		
	Charges	Discount
Est. 99212	\$125	<b>\$83.75</b>
New 99202	\$211	<b>\$141.37</b>
Med Check 99213	\$206	<b>\$138.02</b>
Consult 99214	\$304	<b>\$203.68</b>

Well Visits					
New	Charges	Discount	Est.	Charges	Discount
99381 (0-1 yr)	\$313	<b>\$209.71</b>	99391 (0-1yr)	\$282	<b>\$188.94</b>
99382 (1-4 yr)	\$326	<b>\$218.42</b>	99392 (1-4 yr)	\$300	<b>\$201</b>
99383 (5-11 yr)	\$340	<b>\$227.80</b>	99393 (5-11 yr)	\$299	<b>\$200.33</b>
99384 (12-17 yr)	\$383	<b>\$256.61</b>	99394 (12-17 yr)	\$327	<b>\$219.09</b>

Labs/Tests		
	Charges	Discount
HGB 85018	\$8	<b>\$5.36</b>
U/A 81003	\$89	<b>\$5.36</b>
Mono 86308	\$18	<b>\$12.06</b>
Strep 87880	\$38	<b>\$25.46</b>
Pregnancy 82015	\$22	<b>\$14.74</b>
Hearing 92551	\$36	<b>\$24.12</b>
Vision 99173	\$22	<b>\$14.74</b>
Lead 83655	\$41	<b>\$27.47</b>

Immunizations	
86580, 90633, 90685, 90686, 90670, 90680, 90698, 90700, 90707, 90713, 90715, 90716, 90734, 90744, 90651	<b>\$23.38 x _____</b>

**Total:** \_\_\_\_\_

**All payments are due at the time of service. Otherwise charges will not reflect the discounted rate and you will be charged in full.**

**For office use:**

Paid \_\_\_\_\_ Unpaid \_\_\_\_\_ Payment type: \_\_\_\_\_ Payment date: \_\_\_\_\_