

## Costs of Most Common Services - Transparency in Health Care Prices Act

Community health centers offer service to all individuals regardless of insurance status or ability to pay. Patients in households with incomes below 200% of the Federal Poverty Level (FPL) receive discounts on a sliding fee scale. Patients with incomes less than 100% FPL pay a nominal fee.

Below are some of the most common services provided. The costs below represent the cost of services for self-pay patients and do not take into account any coverage from Medicaid, Medicare, or private health insurance. Contact us if you would like help enrolling in health insurance coverage.

Current Procedural Terminology (CPT) Code	Service Description	Self-Pay Costs					
		Income Below 100% FPL	Income 100-125% FPL	Income 125-150% FPL	Income 150-175% FPL	Income 175-200% FPL	Income Above 200% FPL
80061	LIPID PANEL	\$ 40.00	\$ 41.00	\$ 53.00	\$ 80.00	\$ 106.00	\$ 133.00
80305	DRUG TEST PRSMV DIR OPT OBS	\$ 10.00	\$ 11.00	\$ 16.00	\$ 24.00	\$ 32.00	\$ 40.00
81003	URINALYSIS AUTO W/O SCOPE	\$ 10.00	\$ 11.00	\$ 12.00	\$ 13.00	\$ 16.00	\$ 20.00
83036	GLYCOSYLATED HEMOGLOBIN	\$ 20.00	\$ 21.00	\$ 30.00	\$ 45.00	\$ 60.00	\$ 75.00
85025	COMPLETE CBC W/AUTO DIFF WBC	\$ 10.00	\$ 11.00	\$ 17.00	\$ 26.00	\$ 34.00	\$ 43.00
85610	PROTHROMBIN TIME	\$ 10.00	\$ 11.00	\$ 15.00	\$ 23.00	\$ 30.00	\$ 38.00
87880	STREP A ASSAY W/OPTIC	\$ 40.00	\$ 41.00	\$ 52.00	\$ 79.00	\$ 105.00	\$ 131.00
84443	ASSAY THYROID STIM HORMONE	\$ 40.00	\$ 41.00	\$ 53.00	\$ 79.00	\$ 105.00	\$ 131.00
86580	TB INTRADERMAL TEST	\$ 10.00	\$ 11.00	\$ 12.00	\$ 13.00	\$ 18.00	\$ 22.00
87426	covid antigen in-house	\$ 20.00	\$ 21.00	\$ 32.00	\$ 60.00	\$ 80.00	\$ 100.00
87635	SARS-COV-2 PCR COVID-19 AMP PRB	\$ 20.00	\$ 21.00	\$ 32.00	\$ 60.00	\$ 80.00	\$ 100.00
87804	INFLUENZA ASSAY W/OPTIC	\$ 10.00	\$ 11.00	\$ 14.00	\$ 22.00	\$ 29.00	\$ 36.00
87811	Infectious agent antigen detection by immunoassay	\$ 20.00	\$ 20.00	\$ 32.00	\$ 60.00	\$ 80.00	\$ 100.00
82306	VITAMIN D 25 HYDROXY	\$ 75.00	\$ 76.00	\$ 97.00	\$ 145.00	\$ 194.00	\$ 242.00
81025	URINE PREGNANCY TEST	\$ 10.00	\$ 11.00	\$ 12.00	\$ 15.00	\$ 20.00	\$ 25.00
82042	OTHER SOURCE ALBUMIN	\$ 10.00	\$ 11.00	\$ 12.00	\$ 13.00	\$ 16.00	\$ 20.00
84402	ASSAY OF FREE TESTOSTERONE	\$ 40.00	\$ 41.00	\$ 56.00	\$ 85.00	\$ 113.00	\$ 141.00
87389	HIV-1 AG W/HIV-1 & HIV-2 AB	\$ 10.00	\$ 11.00	\$ 16.00	\$ 24.00	\$ 32.00	\$ 40.00
87086	URINE CULTURE/COLONY COUNT	\$ 4.00	\$ 7.00	\$ 9.00	\$ 11.00	\$ 15.00	\$ 20.00
84403	ASSAY OF TOTAL TESTOSTERONE	\$ 40.00	\$ 41.00	\$ 76.00	\$ 114.00	\$ 152.00	\$ 190.00

We can help you determine whether you qualify for sliding fee scale discounts or if you are eligible for health care coverage to help cover the cost of care.

This document will be updated annually by Billing Supervisor and will be displayed on the Family Health Center of Southern Oklahoma's website at [www.fhcs.org](http://www.fhcs.org)

Please contact 580-371-2343 and/or [cgomez@fhcs.org](mailto:cgomez@fhcs.org) with any questions.