

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
		99202	OFFICE/OUTPATIENT VISIT NEW	\$ 25.00	\$ 35.00	\$ 45.00	\$ 55.00
99203	OFFICE/OUTPATIENT VISIT NEW	\$ 25.00	\$ 35.00	\$ 45.00	\$ 55.00	\$ 65.00	\$ 205.00
99204	OFFICE/OUTPATIENT VISIT NEW	\$ 25.00	\$ 35.00	\$ 45.00	\$ 55.00	\$ 65.00	\$ 300.00
99212	OFFICE/OUTPATIENT VISIT EST	\$ 25.00	\$ 35.00	\$ 45.00	\$ 55.00	\$ 65.00	\$ 85.00
99213	OFFICE/OUTPATIENT VISIT EST	\$ 25.00	\$ 35.00	\$ 45.00	\$ 55.00	\$ 65.00	\$ 140.00
99214	OFFICE/OUTPATIENT VISIT EST	\$ 25.00	\$ 35.00	\$ 45.00	\$ 55.00	\$ 65.00	\$ 205.00
99391	PER PM REEVAL EST PAT INFANT	\$ 30.00	\$ 31.00	\$ 59.00	\$ 89.00	\$ 118.00	\$ 148.00
99392	PREV VISIT EST AGE 1-4	\$ 30.00	\$ 31.00	\$ 62.00	\$ 93.00	\$ 124.00	\$ 155.00
99393	PREV VISIT EST AGE 5-11	\$ 30.00	\$ 32.00	\$ 63.00	\$ 95.00	\$ 126.00	\$ 158.00
99394	PREV VISIT EST AGE 12-17	\$ 30.00	\$ 34.00	\$ 68.00	\$ 103.00	\$ 137.00	\$ 171.00
99395	PREV VISIT EST AGE 18-39	\$ 30.00	\$ 38.00	\$ 76.00	\$ 113.00	\$ 151.00	\$ 189.00
99396	PREV VISIT EST AGE 40-64	\$ 30.00	\$ 42.00	\$ 84.00	\$ 127.00	\$ 169.00	\$ 211.00
99401	PREV. COUNSEL. INDIV 15MIN	\$ 30.00	\$ 31.00	\$ 32.00	\$ 48.00	\$ 64.00	\$ 80.00
99441	PHONE E/M PHYS/QHP 5-10 MIN	\$ 25.00	\$ 26.00	\$ 27.00	\$ 28.00	\$ 29.00	\$ 32.00
99442	PHONE E/M PHYS/QHP 11-20 MIN	\$ 25.00	\$ 26.00	\$ 27.00	\$ 28.00	\$ 29.00	\$ 52.00
99443	PHONE E/M PHYS/QHP 21-30 MIN	\$ 25.00	\$ 26.00	\$ 27.00	\$ 28.00	\$ 29.00	\$ 108.00
99455	Work Related or Medical Disability	\$ 130.00	\$ 130.00	\$ 130.00	\$ 130.00	\$ 130.00	\$ 130.00
99456	DISABILITY EXAMINATION	\$ 130.00	\$ 130.00	\$ 130.00	\$ 130.00	\$ 130.00	\$ 130.00
99495	TRANS CARE MGMT 14 DAY DISCH	\$ 45.00	\$ 51.00	\$ 102.00	\$ 153.00	\$ 204.00	\$ 284.00
99496	TRANS CARE MGMT 7 DAY DISCH	\$ 150.00	\$ 151.00	\$ 152.00	\$ 193.00	\$ 258.00	\$ 322.00

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.fhcso.org

Please contact 580-371-2343 and/or cgomez@fhcso.org with any questions.