

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
71046	X-RAY EXAM CHEST 2 VIEWS	\$ 45.00	\$ 46.00	\$ 47.00	\$ 48.00	\$ 54.00	\$ 68.00
71100	X-RAY EXAM RIBS UNI 2 VIEWS	\$ 45.00	\$ 46.00	\$ 47.00	\$ 48.00	\$ 55.00	\$ 69.00
72040	X-RAY EXAM NECK SPINE 2-3 VW	\$ 45.00	\$ 46.00	\$ 47.00	\$ 48.00	\$ 55.00	\$ 69.00
72070	X-RAY EXAM THORAC SPINE 2VWS	\$ 45.00	\$ 46.00	\$ 47.00	\$ 48.00	\$ 49.00	\$ 60.00
72100	X-RAY EXAM L-S SPINE 2/3 VWS	\$ 45.00	\$ 46.00	\$ 47.00	\$ 48.00	\$ 64.00	\$ 80.00
72110	X-RAY EXAM L-2 SPINE 4/>VWS	\$ 45.00	\$ 46.00	\$ 47.00	\$ 48.00	\$ 64.00	\$ 92.00
72170	X-RAY EXAM OF PELVIS 1-2 VIEWS	\$ 45.00	\$ 46.00	\$ 47.00	\$ 48.00	\$ 58.00	\$ 72.00
73030	X-RAY EXAM OF SHOULDER 2+	\$ 45.00	\$ 46.00	\$ 47.00	\$ 51.00	\$ 68.00	\$ 85.00
73070	X-RAY EXAM OF ELBOW2VIEWS	\$ 45.00	\$ 46.00	\$ 47.00	\$ 48.00	\$ 52.00	\$ 65.00
73110	X-RAY OF WRIST/3VIEWS	\$ 45.00	\$ 46.00	\$ 47.00	\$ 60.00	\$ 80.00	\$ 100.00
73130	X-RAY EXAM OF HAND/3VIEWS	\$ 45.00	\$ 46.00	\$ 47.00	\$ 48.00	\$ 64.00	\$ 80.00
73502	X-RAY EXAM HIP UNI 2-3 VIEWS	\$ 45.00	\$ 46.00	\$ 47.00	\$ 54.00	\$ 72.00	\$ 90.00
73521	X-RAY EXAM HIPS BI 2 VIEWS	\$ 45.00	\$ 46.00	\$ 47.00	\$ 48.00	\$ 49.00	\$ 50.00
73560	X-RAY EXAM OF KNEE 1 OR 2	\$ 45.00	\$ 46.00	\$ 47.00	\$ 50.00	\$ 67.00	\$ 84.00
73562	X-RAY EXAM OF KNEE 3	\$ 45.00	\$ 46.00	\$ 47.00	\$ 60.00	\$ 80.00	\$ 100.00
73610	X-RAY EXAM OF ANKLE	\$ 45.00	\$ 46.00	\$ 47.00	\$ 48.00	\$ 64.00	\$ 80.00
73620	X-RAY OF FOOT 2VIEWS	\$ 45.00	\$ 46.00	\$ 47.00	\$ 48.00	\$ 58.00	\$ 72.00
73630	X-RAY OF FOOT 3VIEWS COMPLETE	\$ 45.00	\$ 46.00	\$ 47.00	\$ 48.00	\$ 64.00	\$ 80.00
74019	X-RAY EXAM ABDOMEN 2 VIEWS	\$ 45.00	\$ 46.00	\$ 47.00	\$ 61.00	\$ 82.00	\$ 102.00
77080	DXA BONE DENSITY AXIAL	\$ 45.00	\$ 46.00	\$ 64.00	\$ 96.00	\$ 128.00	\$ 160.00

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.