



Please review the pricing disclaimer at the end of this document before referencing these rates.

MRI SCAN	PROCEDURE	PRICE
70551	Brain w/o Contrast	\$849.00
70553	Brain w/ & w/o Contrast	\$1,806.00
72141	Cervical Spine w/o Contrast	\$860.00
72148	Lumbar Spine w/o Contrast	\$926.00
73221	Shoulder w/o Contrast	\$825.00
73721	Knee w/o Contrast	\$825.00

CT SCAN	PROCEDURE	PRICE
70450	Head w/o Contrast	\$379.00
70491	Neck Soft Tissue w/ Contrast	\$562.00
71250	Chest w/o Contrast	\$482.00
71275	CTA Chest w/ & w/o Contrast w/ PE Protocol	\$1,024.00
74176	Abdomen/Pelvis w/o Contrast	\$945.00
74178	Abdomen/Pelvis w/ & w/o Contrast	\$1,392.00

US SCAN	PROCEDURE	PRICE
76536	Thyroid	\$143.00
76705 & 93976	Abdomen Ltd.	\$461.00
76700 & 93976	Abdomen Cmplt.	\$517.00
76770	Kidneys	\$194.00
76830 & 93975	Transvaginal [TV] only	\$611.00
76856, 76830 & 93975	Pelvis Cmplt.(w/ TV)	\$772.00
93971	Venous Duplex (Unilateral) (Upper or Lower)	\$222.00
93970	Venous Duplex (Bilateral) (Upper or Lower)	\$317.00

X-RAY SCAN	PROCEDURE	PRICE
72050	Cervical Spine 4-5 View	\$108.00
72080	Thoracic Spine 2 View	\$81.00

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X-RAY SCAN	PROCEDURE	PRICE
72110	Lumbar Spine 4≤ Views	\$130.00
71046	Chest 2 View	\$73.00
73030	Shoulder 2≤ Views	\$79.00
73562	Knee 3 Views	\$85.00

PRICE DISCLAIMER:

The pricing listed on this sheet reflects estimated self-pay costs for our most common outpatient radiology exams and is intended as a general reference only. Exams not listed may still be available — please contact our office for pricing on services not included here.

Prices are subject to change without notice and may vary based on exam complexity, patient-specific factors, or other clinical considerations. This sheet does not constitute a final quote, and actual charges at the time of service may differ. For the most current and accurate pricing, please contact our office directly before scheduling. We recommend confirming pricing if a significant amount of time has passed since the publish date listed below.

All pricing reflects our global billing structure, in which the exam fee and radiologist reading fee are combined into a single charge. This pricing applies to self-pay patients only and does not reflect insurance-negotiated rates, which vary by plan and carrier. Patients are encouraged to verify their benefits with their insurance provider prior to scheduling.

In accordance with the No Surprises Act, uninsured and self-pay patients are entitled to request a Good Faith Estimate prior to scheduling. Please contact our office for more information.