DPC SELF PAY

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| Options: | Due at first initial visit:   * $99 registration fee * 1st Month Payment   ○ $99 monthly  ○ Charged monthly to card on file.  Total Amount - $198.00 | Office Visits (Prices Vary)   |  |  | | --- | --- | | $226.00 | $183.00 | | $339.00 | $260.00 | | $447.00 | $364.00 |   New Pt Est Pt |
| Services: | Included:  -Annual Physical Exam  -Unlimited Office Visits.  -Well Woman Exam  -Pelvic Exam  -Breast Exam  -Prostate Exam  -Labs: (Only for Physical)   * CBC * CMP * LIPID * HBA1C * VITAMIN D * TSH * URINALYSIS   \*Additional / follow-up labs are at discounted prices. | -Exam and Evaluation  **Not included**:  -Well Woman Exam / Breast Exam - $80.00  -Pelvic Exam due to abnormalities - $86.00   |  |  | | --- | --- | | New <1 years of age | $174.00 | | New Age 1-4 | $210.00 | | New Age 5-11 | $218.00 | | New Age 12-17 | $255.00 | | New Age 18-39 | $238.00 | | New Age 40-64 | $277.00 | | New Age 65 + up | $300.00 |   -Physical Base on Age (Prices Vary)   |  |  | | --- | --- | | Established <1 years of age | $180.00 | | Established Age 1-4 | $210.00 | | Established Age 5-11 | $192.00 | | Established Age 12-17 | $211.00 | | Established Age 18-39 | $215.00 | | Established Age 40-64 | $229.00 | | Established Age 65 + up | $247.00 |   **Self-Pay Lab Pricing:**   |  |  | | --- | --- | | CBC | $16.00 | | CMP | $22.00 | | LIPID | $27.00 | | HBA1C | $20.00 | | VIT D | $60.00 | | TSH | $34.00 | | UA | $7.00 | |

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| Injections: | All included:   * B12 * Dexamethasone * Promethazine * Ketorolac * Triamcinolone * Ceftriazxone | |  |  | | --- | --- | | Administration | $40.00 (will all injections) | | B12 | $5.00 | | Dexamethasone | $1.00 | | Promethazine | $5.00 | | Ketorolac | $3.00 | | Triamcinolone | $8.00 | | Ceftriaxone | $2.00 |   **Not Included**: |
| Vaccines: | Included:   * Flu   Discounted:   * Tdap   \*Other vaccines are available per order bases.  One week's notice must be given before visit.\* | |  |  | | --- | --- | | Flu | $50.00 | | Tdap | $65.00 |   **Not included:** |
| Covid Screening: | **Not Included:**  Check Self Pay Pricing **→** | |  |  | | --- | --- | | Covid Nasal Rapid | $91.00 | | Antibody IgM / IgG | $200.00 |   **Not Included:** |
| Additional Screenings: | Included:   * Flu * Strep * Mono * HCG * Glucose * Microalbumin * Bacterial Vaginosis * Trichomoniasis | |  |  | | --- | --- | | Flu Flu & Covid | $29.00  $147.00 | | Strep | $34.00 | | Mono | $11.00 | | HCG | $18.00 | | Glucose | $8.00 | | Microalbumin | $12.00 | | Bacterial Vaginosis | $25.00 | | Trichomoniasis | $31.00 |   **Not Included:** |
| Procedures: | All procedures are available at 50% off of base prices:   * EKG * Nebulizer * Spirometry * Ear Irrigation * Mole Removal * IV | |  |  | | --- | --- | | EKG | $30.00 | | Nebulizer | $36.00 | | Spirometry | $144.00 | | Ear Irrigation | $16 - $150 (severity) | | Mole Removal | $33.00 - $560 | | IV | $300 - $900 |   **Not Included:** |
| Imaging: | Discounted Prices Per Order | **Not Included:** Prices Vary |
| Disclaimer: | The registration fee and the initial first month’s payment must be collected at the time of the visit.  \*A credit card / debit card must be kept on file. | Payment is due at the end of each visit. If the total amount is paid, a discount will be applied. If the total amount cannot be paid in full, a payment plan will be addressed to you. |