

**\*Note:** As required by Colorado State Legislative, 5817-65 Transparency in Direct-Pay Health Care Pricing, beginning January 2018, healthcare providers and facilities are required to publish a list of cash pay prices (fees) for the 15 most common healthcare services provided. Healthcare services include: medical, mental health, dental, optical, and hospitalizations. The services must be identified by (1) a CPT code or other coding system used by the provider, and (2) a plain English description of the services. This list will be updated annually.

**Updated January 2026**

If you are covered by health insurance, you are strongly encouraged to consult with your health insurer to determine accurate information about your financial responsibility for a particular healthcare service provided by a healthcare provider at this community health center. If you are not covered by health insurance, you are strongly encouraged to contact our billing office at 970.697.4603 to discuss payment options prior to receiving a healthcare service. Prices might not reflect the actual amount of your financial liability. No patient will be denied services based on the inability to pay. You are encouraged to speak to our billing office to determine if you are eligible for a sliding fee discount based on your income and family size. If you need assistance enrolling in a health insurance program, contact our Financial Assistance Specialist at 526 29 ½ Road, Grand Junction, CO 81504.

CPT Code	Description	Fee (Charge)
<u>Medical</u>		
80305	Drug Screen—Urine	\$27.00
83036	Hemoglobin A1c	\$27.00
85610	Prottime PT/INR Prothrombin	\$41.00
90471	Immunization Admin, Initial	\$21.00
90472	Immunization Admin, Each Additional	\$21.00
90674	MAR PP Flucelvax	\$30.00
93000	Electrocardiogram	\$28.00
96127	Depression Screening	\$0.00
99203	Office Visit, New Patient Level 3	\$215.00
99204	Office Visit, New Patient Level 4	\$319.00
99211	Office Visit, Established Patient Level 1	\$41.00
99212	Office Visit, Established Patient Level 2	\$108.00
99213	Office Visit, Established Patient Level 3	\$174.00
99214	Office Visit, Established Patient Level 4	\$248.00
99406	Tobacco Cessation	\$10.00
87635	Rapid COVID-19 Test	\$8.00
	Rapid Influenza	\$22.00
	Rapid Strep	\$23.00
	Influenza A & B	\$240.00

CPT Code	Description	Fee (Charge)
<u>Behavioral Health</u>		
90791	Initial Visit—Mental Health	\$339.00
90792	Established Patient—Psych Dx Eval w/Med	\$378.00
90832	Established Patient—Psychotherapy 30 Minutes	\$145.00
90834	Established Patient—Psychotherapy Greater Than 30 Minutes	\$193.00
90837	Psychotherapy 60 Minutes	\$285.00

CPT Code	Description	Fee (Charge)
<u>Dental</u>		
D0120	6-Month Check-UP	\$46.00
D0140	Emergency Visit	\$64.00
D0145	Infant Toddler Check-Up	\$59.00
D0150	Complete Initial Exam	\$81.00
D0190	Visual Assessment	\$31.00
D0210	Full-Mouth X-Rays	\$152.00
D0220	Single Tooth X-Rays	\$25.00
D0230	Intraoral—Periapical—Each Additional	\$23.00
D0274	Cavity X-Rays	\$60.00
D1110	Cleaning—Adult	\$99.00
D1120	Cleaning—Child	\$74.00
D1206	Fluoride Varnish	\$52.00
D2150	Filling—Amalgam—2 Surf. Prim./Perm.	\$153.00
D7140	Extraction—Erupted Tooth/Exposed Root	\$134.00
D9230	Analgesia—Gas	\$15.00

**These prices reflect the cash pay only and do not reflect our sliding fee scale patient copay (based on income) which determines a discounted fee due at each visit.**