McCRIMMON PRIMARY CARE plus

LOCALLY GROWN, COMPREHENSIVE CARE

Uninsured Rates

Self-Pay rates may change at any time.
If you have insurance we accept, we are required to file a claim with your plan. Patients without insurance, or with insurance we are not contracted with, are considered Self-Pay. Self-Pay balances must be paid in full at the time of service, and we do not file claims to insurance or other third parties.

Professional Fees: For New and Established Patients

Nurse-Only Visit	$35
Medical Provider Visit	$170
Telehealth Visit	$170

**A surcharge of $50 will be applied to all evening and weekend appointments.*

Laboratory services **are not included in the listed price and will be billed separately. See third party lab professional fee list.*

Lab Tests: In-House plus Professional Fees

4-Plex (CPT 87637)	$180
Candida/BV/Trich/MVP (CPT 81515)	$180
CT-NG Panel (CPT 87491/87591)	$75
Flu A/B (CPT 87502)	$120
RSV (CPT 87634)	$84
Strep (CPT 87651)	$35
TB Skin Test (CPT 86580)	$25
Urinalysis (CPT 81003)	$11
Urine Drug Screen (CPT 80305)	$30
Urine Pregnancy Test (CPT 81025)	$15

**If abnormal, a charge of $25 for an additional pathologist consult is billed after the visit.*

Vaccinations and Administration — Adult

Hepatitis A (CPT 90632)	$97
Hepatitis B (CPT 90746)	$80
Meningitis A (CPT 90734)	$190
Meningitis B (CPT 90620)	$225
HPV (Gardasil) (CPT 90651)	$378
MMR (CPT 90707)	$107
Pneumococcal (PCV 21) (CPT 90684)	$270
Polio (CPT 90713)	$45
RSV (Arexvy) (CPT 90679)	$360
Shingles (Shingrix) (CPT 90750)	$266
TDAP (CPT 90715)	$51
Td (CPT 90714)	$51
Typhoid (CPT 90691)	$210
COVID (CPT 91320) (Admin 90480)	$170
Administration Fee (CPT 90471/90472)	**$45**

**Prices are per shot. Consultation required only for initial visit.*

Adult Wellness Screening — $170

Includes Annual Physical performed by MPCP and Four Essential Lab Panels performed by third party.

- Lipid Panel
- Complete Metabolic Panel
- Complete Blood Count
- Universal HIV Screening

Laboratory services **are not included in the listed price and will be billed separately. See third party lab professional fee list.*

Well Child Exam — $170

**Plus Lab and/or Vaccination charges, if applicable.*

Physical Evaluations — $170

Includes school, college, work, or teacher.

**Plus Lab and/or Vaccination charges, if applicable.*

X-Rays — $50 up to 2 views

**Plus Professional Fees.*

Electrocardiogram (ECG/EKG) — $35

Flu Shot

	Adult	*Pediatric*
Flu (Regular Dose) (CPT 90686)	$35	$35
Flu (High Dose - 65+) (CPT 90662)	$75	-
Administration Fee (CPT 90471 | 90460)	**$45**	**$45**

Vaccinations and Administration — Pediatric

Hepatitis A (CPT 90633)	$35
Hepatitis B (CPT 90744)	$50
Meningitis A (CPT 90734)	$190
Meningitis B (CPT 90620)	$225
HPV (Gardasil) (CPT 90651)	$378
MMR (CPT 90707)	$107
Pneumococcal (PCV 23) (CPT 90732)	$170
Pneumonia (Prevnar 20) (CPT 90677)	$311
Polio (CPT 90713)	$45
RSV (Beyfortus) (CPT 90678)	$636
TDAP (CPT 90715)	$51
Typhoid (CPT 90691)	$210
COVID (Spikevax) (CPT 91321) (Admin 90480)	$200
COVID (Comirnaty) (CPT 91319) (Admin 90480)	$110
Administration Fee (CPT 90460/90461)	**$45**

**Prices are per shot. Consultation required only for initial visit.*