



RADIOLOGY PRICE LIST

NAME OF TEST		PRICE
MRI, TMJ(s) W/O or W/DYE	MRI	\$440.00
CT, Head or Brain s/Contrast	CT	\$192.50
CT, Head or Brain c/Contrast	CT	\$247.50
CT, Head or Brain c/s Contrast	CT	\$330.00
CT, Orbit, Sella, Post Fossa or IAC s/Contrast	CT	\$247.50
CT ORBIT/IAC/FOSSA W/DYE	CT	\$330.00
CT ORBIT/IAC/FOSSA W/O&W/DYE	CT	\$412.50
CT MAXILLOFACIAL W/O DYE	CT	\$247.50
CT MAXILLOFACIAL W/DYE	CT	\$330.00
CT MAXILLOFACIAL W/O & W/DYE	CT	\$412.50
CT SOFT TISSUE NECK W/O DYE	CT	\$247.50
CT SOFT TISSUE NECK W/DYE	CT	\$275.00
CT SOFT TISSUE NECK W/O & WITH DYE	CT	\$357.50
CT ANGIOGRAPHY HEAD	CT	\$440.00
CT ANGIOGRAPHY NECK	CT	\$440.00
MRI ORBIT/FACE/NECK W/O DYE	MRI	\$440.00
MRI ORBIT/FACE/NECK W/DYE	MRI	\$522.50
MRI ORBIT/FACE/NECK W/O & W/DYE	MRI	\$605.00
MRI ANGIOGRAPHY HEAD W/O DYE	MRI	\$440.00
MRI ANGIOGRAPHY NECK W/O DYE	MRI	\$440.00
MR ANGIOGRAPHY NECK W/DYE	MRI	\$522.50
MR ANGIOGRAPHY NECK W/O&W/DYE	MRI	\$605.00
MRI BRAIN W/O DYE	MRI	\$440.00
MRI BRAIN W/DYE	MRI	\$522.50
MRI BRAIN W/O & W/DYE	MRI	\$605.00
CT THORAX W/O DYE	CT	\$247.50
CT THORAX W/DYE	CT	\$330.00
CT THORAX W/O & W/DYE	CT	\$412.50
CT ANGIOGRAPHY CHEST	CT	\$440.00
MRI CHEST W/O DYE	MRI	\$440.00
MRI CHEST W/DYE	MRI	\$522.50
MRI CHEST W/O & W/DYE	MRI	\$605.00
MRI ANGIO CHEST W OR W/O DYE	MRI	\$605.00
CT CERVICAL SPINE W/O DYE	CT	\$286.00
CT CERVICAL SPINE W/DYE	CT	\$330.00
CT CERVICAL SPINE W/O & W/DYE	CT	\$357.50
CT THORACIC SPINE W/O DYE	CT	\$247.50
CT THORACIC SPINE W/DYE	CT	\$330.00
CT THORACIC SPINE W/O & W/DYE	CT	\$412.50
CT LUMBAR SPINE W/O DYE	CT	\$247.50
CT LUMBAR SPINE W/DYE	CT	\$330.00
CT LUMBAR SPINE W/O & W/DYE	CT	\$412.50
MRI CERVICAL SPINE W/O DYE	MRI	\$440.00



RADIOLOGY PRICE LIST

NAME OF TEST		PRICE
MRI CERVICAL SPINE W/DYE	MRI	\$522.50
MRI THORACIC SPINE W/O DYE	MRI	\$440.00
MRI THORACIC SPINE W/DYE	MRI	\$522.50
MRI LUMBAR SPINE W/O DYE	MRI	\$440.00
MRI LUMBAR SPINE W/DYE	MRI	\$522.50
MRI CERVICAL SPINE W/O & W/DYE	MRI	\$605.00
MRI THORACIC SPINE W/O & W/DYE	MRI	\$605.00
MRI LUMBAR SPINE W/O & W/DYE	MRI	\$605.00
CT ANGIOGRAPH PELV W/O & W/DYE	CT	\$440.00
CT PELVIS W/O DYE	CT	\$247.50
CT PELVIS W/DYE	CT	\$330.00
CT PELVIS W/O & W/DYE	CT	\$412.50
MRI PELVIS W/O DYE	MRI	\$440.00
MRI PELVIS W/DYE	MRI	\$522.50
MRI PELVIS W/O & W/DYE	MRI	\$605.00
CT UPPER EXTREMITY W/O DYE	CT	\$247.50
CT UPPER EXTREMITY W/DYE	CT	\$330.00
CT UPPER EXTREMITY W/O & W/DYE	CT	\$412.50
CT ANGIO UPPER EXTREITY W/O & W/DYE	CT	\$440.00
MRI UPPER EXTREMITY W/O DYE	MRI	\$440.00
MRI UPPER EXTREMITY W/DYE	MRI	\$522.50
MRI UPPER EXTREMITY W/O & W/DYE	MRI	\$605.00
MRI JOINT UPPER EXTREMITY W/O DYE	MRI	\$440.00
MRI JOINT UPPER EXTREMITY W/DYE	MRI	\$522.50
MRI JOINT UPPER EXTREMITY W/O & W/DYE	MRI	\$605.00
CT LOWER EXTREMITY W/O DYE	CT	\$247.50
CT LOWER EXTREMITY W/DYE	CT	\$330.00
CT LOWER EXTREMITY W/O & W/DYE	CT	\$412.50
CT ANGIO LOWER EXTREMITY W/O & W/DYE	CT	\$440.00
MRI LOWER EXTREMITY W/O DYE	MRI	\$440.00
MRI LOWER EXTREMITY W/DYE	MRI	\$522.50
MRI LOWER EXTREMITY W/O & W/DYE	MRI	\$605.00
MRI JOINT OF LOWER EXTREMITY W/O DYE	MRI	\$440.00
MRI JOINT OF LOWER EXTREMITY W/DYE	MRI	\$522.50
MRI JOINT OF LOWER EXTREMITY W/O & W/DYE	MRI	\$605.00
CT ABDOMEN W/O DYE	CT	\$247.50
CT ABDOMEN W/DYE	CT	\$330.00
CT ABDOMEN W/O & W/DYE	CT	\$412.50
CT ANGIO ABDOMEN W/O & W/DYE	CT	\$440.00
CT ABDOMEN & PELVIS	CT	\$247.50
CT ABDOMEN & PELVIS W/CONTRAST	CT	\$330.00
CT ABDOMEN & PELVIS W/O & W/DYE	CT	\$412.50
MRI ABDOMEN W/O DYE	MRI	\$440.00



RADIOLOGY PRICE LIST

NAME OF TEST		PRICE
MRI ABDOMEN W/DYE	MRI	\$523.60
MRI ABDOMEN W/O & W/DYE	MRI	\$605.00
CT, LIMITED STUDY	CT	\$220.00
THYROID/SOFT TISSUE/NECK	US	\$137.50
GALLBLADDER/ABDOMEN SINGLE ORGAN	US	\$137.50
US, TRANSVAGINAL	US	\$165.00
US, HYSTEROSCOPY C/S COLOR FLOW DOPPLER	US	N/A
US PELVIC, NON-OB	US	\$193.60
US, LIMITED OR F/U (E.G.. FOLLICLES)	US	\$165.00
US, SCROTUM AND CONTENTS	US	\$165.00
US, ECHOGRAPHY TRANSRECTAL	US	N/A
US, PROSTATE VOLUME FOR BRACYTHERAPY	US	N/A
US, EXTREMITY, NON-VASCULAR	US	\$192.50
US, INFANT HIPS	US	N/A
DUPLEX, LOWER EXTREMITY, UNILATERAL, LIMITED	US	\$220.00
DUPLEX, UPPER & LOWER EXTREMITY, VENOUS, BILATERAL	US	\$247.50
DUPLEX, LOWER EXTREMITY, VEINS, UNILATERAL	US	\$165.00
CARODID DOPPLER	US	\$247.50
BILATERAL LOWER EXTREMITY ARTERIAL DOPPLER (no ABI)	US	\$247.50
BILATERAL UPPER EXTREMITY ARTERIAL DOPPLER	US	N/A
UNILATERAL UPPER EXTREMITY ARTERIAL DOPPLER	US	N/A
ANKLE 2 VIEWS	X-ray	\$28.60
ANKLE COMPLETE MINIMUM 3 VIEWS	X-ray	\$30.80
CCALCANEUS MINIMUM 3 VIEWS	X-ray	\$30.80
CLAVICLE COMPLETE	X-ray	\$28.60
FEMUR 2 VIEWS	X-ray	\$33.00
FINGERS MINIMUM 2 VIEWS	X-ray	\$26.40
FOOT COMPLETE MINIMUM 3 VIEWS	X-ray	\$39.60
HAND MINIMUM 3 VIEWS	X-ray	\$28.60
HIPS UNILATERAL COMPLETE 2 VIEWS	X-ray	\$37.40
HIPS BILATERAL MINIMUM 2 VIEWS EACH	X-ray	\$46.20
KNEE 1 OR 2 VIEWS	X-ray	\$30.80
KNEE 3 VIEWS	X-ray	\$33.00
KNEE COMPLETE 4 OR MORE VIEWS	X-ray	\$46.20
MANUAL APP OF STRESS/JOINT RAD	X-ray	\$35.20
TIBIA AND FIBULA 2 VIEWS	X-ray	\$30.80
TOES MINIMUM OF 2 VIEWS	X-ray	\$24.20
FOOT 2 VIEWS	X-ray	\$28.60
EYE TO DETECT FOREIGN BODY	X-ray	\$28.60
MANDIBLE <4 VIEWS	X-ray	\$28.60
FAVCIAL ONES	X-ray	\$41.80
OPTIC FORAMINA	X-ray	\$33.44
ORBITS	X-ray	\$43.12



RADIOLOGY PRICE LIST

NAME OF TEST		PRICE
SINUSES 3+ VIEWS	X-ray	\$40.92
SKULL-AP/LAT	X-ray	\$35.20
SKULL	X-ray	\$50.60
CHEST- AP/PA	X-ray	\$41.12
CHEST 2 VIEWS FR AND LAT	X-ray	\$48.51
CHEST 2 VIEWS FRNT/FLOUR	X-ray	\$55.00
RAD CHEST/COMP/MIN 4 VIEWS FLOUR	X-ray	\$77.00
RIBS, UNILATERAL, TWO VIEWS	X-ray	\$33.00
RIBS- BILATERAL	X-ray	\$42.24
RIBS- BILATERAL INC	X-ray	\$48.40
STERNUM	X-ray	\$33.88
SPINE, ENTIRE, AP/LAT	X-ray	\$61.60
SPINE SINGLE	X-ray	\$26.40
CERVICAL SPINE 2 OR 3 VIEWS	X-ray	\$37.40
CERVICAL SPINE MIN 4 VIEWS	X-ray	\$48.40
CERVICAL SPL OBLIS	X-ray	\$61.60
SPINE THORACIC 2 VIEW	X-ray	\$35.20
THORACIC SPINE	X-ray	\$38.28
SPINE, THORACIC MIN 4 VIEWS	X-ray	\$42.24
THORACOLUMBAR 2 VIEWS	X-ray	\$35.20
SPINE LUMBOSACRAL 2 OR 3 VIEWS	X-ray	\$50.60
LUMBAR SPINE MINIMUM 4 VEWS	X-ray	\$48.40
SPINE 6 VIEWS WITH BENDING	X-ray	\$66.00
PELVIS 1 OR 2 VIEWS	X-ray	\$28.60