



Prices for Primary Care Services

Effective 01/08/2021

Any visit, appointment, or consultation that involves a standard medical examination and/or requires any medical decision making to assess, diagnose, and treat a medical condition or issue. While the prices are mostly based on time, the nature of the visit also factors in to the cost.

CPT Code	Description	Cost
99202	*New Patient 20 minute face-to-face with the patient and/or family. An expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making.	\$248.00
99203	*New Patient 30 minute face-to-face with the patient and/or family. A detailed history; a detailed examination; and medical decision making of low complexity.	\$315.00
99204	*New Patient 45 minute face-to-face with the patient and/or family. A comprehensive history; a comprehensive examination; and Medical decision making of moderate complexity.	\$488.00
99205	*New Patient 60 minute face-to-face with the patient and/or family. A comprehensive history; a comprehensive examination; and medical decision making of high complexity.	\$937.00
99211	Standard Outpatient Visit With Established Patient.	\$95.00
99212	Standard 5-10 Minute Outpatient Visit With Established Patient.	\$159.00
99213	Standard 10-15 Minute Outpatient Visit With Established Patient.	\$235.00
99214	Standard 20-25 Minute Outpatient Visit With Established Patient.	\$340.00
99215	Standard 30-45 Minute Outpatient Visit With Established Patient.	\$500.00

**New Patient is defined as a patient who has not received services by a medical primary care provider at SVT Health & Wellness within the previous 36 months (3 years).*

Prices for Preventive Primary Care

Periodic comprehensive preventive medicine re-evaluation and management, including age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions; and the ordering of appropriate immunization(s), screening laboratory/diagnostic procedures. This visit is considered a preventive wellness exam and does not cover the discussion of problems, conditions, illnesses, or any other care that would be considered part of a "Regular Visit."

Description	*New Patient CPT Code & Cost	Established Patient CPT Code & Cost
Infant Well-Child Check (WCC)	99381 - \$350.00	99391 - \$285.00
1-4 Year Old Annual WCC	99382 - \$346.00	99392 - \$300.00
5-11 Year Old Annual WCC	99383 - \$352.00	99393 - \$300.00
12-17 Year Old Annual WCC	99384 - \$385.00	99394 - \$330.00
18-39 Year Old Wellness Exam	99385 - \$457.00	99395 - \$380.00
40-64 Year Old Wellness Exam	99386 - \$500.00	99396 - \$415.00
65+ Year Old Wellness Exam	99387 - \$521.00	99397 - \$589.03

SVT Health and Wellness prepares its schedule of fees for the provision of its services consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operations.



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Discount Fee Program

SVT Health and Wellness offers discounts to patients who qualify based on household size and income, in accordance with the Federal Poverty Guidelines for Alaska as published and updated annually in the Federal Register. SVT Health & Wellness prepares its schedule of fees for the provision of its services consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operations.

Discount	Medical, Integrative & Behavioral Health	Nominal Fee
Nominal Fee (NF)	Per visit to include in-house labs, x-rays, and RX dispensed on-site = / - 100% Federal Poverty Line (FPL)	\$25.00
NF - Quest Labs	78% discount on <u>Quest</u> lab fees (fees are assessed in addition to NF per visit above).	=-/ - 100% FPL
"C"	65% Discount 101% - 150% Federal Poverty Line.	N/A
"B"	40% Discount 151% - 175% Federal Poverty Line.	N/A
"A"	20% Discount to 176% - 200% Federal Poverty Line.	N/A

Discount	Dental	Nominal Fee
Nominal Fee	Per visit plus dental appliances(crowns, bridges, dentures) at cost* =/< 100% Federal Poverty Line	\$40.00
"C"	40% Discount all dental services. 101% - 150% Federal Poverty Line.	N/A
"B"	20% Discount all dental services. 151% - 175% Federal Poverty Line.	N/A
"A"	10% Discount all dental services. 176% - 200% Federal Poverty Line.	N/A

SERVICES/ITEMS EXCLUDED FROM DISCOUNT FEE PROGRAM

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|---------|--|
| Medical | <ul style="list-style-type: none"> Acupuncture, Massage Therapy, Nutritional Infusions, Ozone Therapy. Specialty labs for which no money is exchanged at SVT Health & Wellness. Travel Vaccines |
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<p><i>*Dental Estimates of costs for Nominal Fee patients for the following restorative services are:</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Full Denture (per arc)</td><td style="border-bottom: 1px solid black;">\$300 + 5 visits = \$500</td></tr> <tr><td style="border-bottom: 1px solid black;">Metal Partial denture:</td><td style="border-bottom: 1px solid black;">\$475 + 4 visits = \$635</td></tr> <tr><td style="border-bottom: 1px solid black;">Acrylic Partial denture:</td><td style="border-bottom: 1px solid black;">\$375 + 4 visits = \$535</td></tr> <tr><td style="border-bottom: 1px solid black;">Flipper:</td><td style="border-bottom: 1px solid black;">\$300 + 2 visits = \$380</td></tr> <tr><td style="border-bottom: 1px solid black;">Crown:</td><td style="border-bottom: 1px solid black;">\$350 + 2 visits = \$430</td></tr> <tr><td style="border-bottom: 1px solid black;">Bridge (3 unit):</td><td style="border-bottom: 1px solid black;">\$1050 + 2 visits = \$1130</td></tr> </table>	Full Denture (per arc)	\$300 + 5 visits = \$500	Metal Partial denture:	\$475 + 4 visits = \$635	Acrylic Partial denture:	\$375 + 4 visits = \$535	Flipper:	\$300 + 2 visits = \$380	Crown:	\$350 + 2 visits = \$430	Bridge (3 unit):	\$1050 + 2 visits = \$1130	
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