



# Prices for Primary Care Services

Effective 1/10/25

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 15-29 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.	\$270.54
99203	*New Patient 30-44 minute face-to-face with the patient and/or family. A detailed history; a detailed examination; and medical decision making of low complexity.	\$364.90
99204	*New Patient 45-59 minute face-to-face with the patient and/or family. A comprehensive history; a comprehensive examination; and Medical decision making of moderate complexity.	\$602.46
99205	*New Patient 60-74 minute face-to-face with the patient and/or family. A comprehensive history; a comprehensive examination; and medical decision making of high complexity.	\$876.36
99211	Standard Outpatient Visit With Established Patient.	\$105.65
99212	Standard 10-19 Minute Outpatient Visit With Established Patient.	\$187.39
99213	Standard 20-29 Minute Outpatient Visit With Established Patient.	\$277.55
99214	Standard 30-39 Minute Outpatient Visit With Established Patient.	\$407.80
99215	Standard 40-54 Minute Outpatient Visit With Established Patient.	\$553.04

*\*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 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 - \$353.78	99391 - \$288.08
1-4 Year Old Annual WCC	99382 - \$352.17	99392 - \$311.27
5-11 Year Old Annual WCC	99383 - \$355.80	99393 - \$332.05
12-17 Year Old Annual WCC	99384 - \$392.42	99394 - \$370.05
18-39 Year Old Wellness Exam	99385 - \$470.02	99395 - \$400.63
40-64 Year Old Wellness Exam	99386 - \$503.10	99396 - \$432.67
65+ Year Old Wellness Exam	99387 - \$486.99	99397 - \$477.36

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 <b>= / - 100% Federal Poverty Line (FPL)</b>	\$30.00
NF - LabCorp Labs	78% discount on <u>LabCorp</u> lab fees (fees are assessed in addition to NF per visit above).	=/- 100% FPL
"C"	65% Discount <b>101% - 150% Federal Poverty Line.</b>	N/A
"B"	40% Discount <b>151% - 175% Federal Poverty Line.</b>	N/A
"A"	20% Discount to <b>176% - 200% Federal Poverty Line.</b>	N/A

Discount	Dental	Nominal Fee
Nominal Fee	Per visit plus Dental supplies & lab costs (crowns, bridges, dentures, night guards) are charged in addition to visit charge at actual cost (including shipping) + 20% materials fee* =/ <b>&lt; 100% Federal Poverty Line</b>	\$100 for Preventive & \$145 for Major per Visit
"C"	40% Discount all dental services. <b>101% - 150% Federal Poverty Line.</b>	N/A
"B"	20% Discount all dental services. <b>151% - 175% Federal Poverty Line.</b>	N/A
"A"	10% Discount all dental services. <b>176% - 200% Federal Poverty Line.</b>	N/A

## SERVICES/ITEMS EXCLUDED FROM DISCOUNT FEE PROGRAM

Medical	<ul style="list-style-type: none"> <li>Acupuncture</li> <li>Massage Therapy</li> <li>Nutritional Infusions</li> <li>Vitamin Injections</li> <li>Sauna</li> <li>Specialty labs for which no money is exchanged at SVT Health &amp; Wellness.</li> <li>Travel Vaccines</li> </ul>
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<p><i>*Dental Estimates of costs for <b>Nominal Fee</b> patients for the following restorative services are:</i></p>	Dental A	\$100 per Visit- includes exams, cleanings, extractions and fillings (Preventive/Basic Services)
	Dental B	\$145.00 Per Visit- includes crowns, root canals, and partials. (Major Services)
	*These services may be rendered in one visit or may require multiple visits.	Each visit will require a separate flat fee.

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<p>Dental supplies &amp; lab cost</p>	<p>(Crowns, dentures, night guards, bridges, etc.) Are charged in addition to the visit charge at actual cost (including shipping) + 20% materials fee.</p>
<p>*Complicated extractions, including those that require IV sedation, may incur additional costs and will be assessed on a case-by-case basis.</p>	<p>**A single visit for two or more dentures/crowns will result in two flat rate fees- <b>one fee per denture/crown.</b></p>