

## HEALTHCARE SERVICE PRICING

Axis Health System (AHS) is providing basic pricing information for the top 15 services provided across all of our clinic locations. The list includes the type of service provided and the corresponding customary charges. These charges are *an estimate* of the maximum amount that would be due to AHS for the service. Your financial responsibility as a patient is dependent a variety of factors including: insurance coverage (if applicable), the service combination provided and discounts for self-pay patients who qualify.

*If you have health insurance:* Please consult with your health insurer to determine your financial responsibility. Knowing your insurance plan coverage in advance will help you to better understand what your insurance plan pays for and what the plan expects you to pay for. Depending on your plan coverage, the customary charges listed below *may not* reflect the actual amount of your financial responsibility.

*If you are not covered by health insurance:* We encourage you to contact our billing team at (970) 335-2342 to discuss payment expectations, options and/or your potential qualification for income based sliding fee discounts. If you are eligible for the sliding fee discount, the customary charges listed *will not* reflect the actual amount of your financial responsibility.

### Clinic Services

Code	Type of Service	Description	Customary Charge
<b>Primary Care Services</b>			
36415	Primary Care	Blood draw fee	\$22
99213	Primary Care	An appointment for an established patient where three or more conditions are addressed with minimal treatment	\$187
99214	Primary Care	An appointment for an established patient where three or more conditions are addressed with moderate treatment	\$274
99203	Primary Care	An appointment for new patient to establish care where three or more conditions are addressed with minimal treatment	\$289
99202	Primary Care	An appointment for a new patient to establish care where two or more conditions are addressed with minimal treatment	\$193
99212	Primary Care	An appointment for an established patient where one or two conditions are addressed with minimal treatment	\$113
99391	Primary Care	Annual pediatric exam known as a “well – child check” (infants up to 1 year old)	\$257
99392	Primary Care	Annual pediatric exam known as a “well – child check” (ages 1 - 4)	\$274
99394	Primary Care	Annual pediatric exam known as a “well – child check” (ages 12 - 17)	\$300
<b>Psychiatric Services</b>			
90791	Psychiatry	A diagnostic evaluation for a patient establishing psychiatric care	\$367
99202	Psychiatric	An appointment for a new patient to establish care where two or more conditions are addressed with minimal treatment	\$203
99203	Psychiatric	An appointment for new patient to establish care where three or more conditions are addressed with minimal treatment	\$291
99212	Psychiatric	An appointment for an established patient where one or two conditions are addressed with minimal treatment	\$120
99213	Psychiatric	An appointment for an established patient where three or more conditions are addressed with minimal treatment	\$197
99214	Psychiatric	An appointment for an established patient where three or more conditions are addressed with moderate treatment	\$289

Code	Type of Service	Description	Customary Charge
<b>Behavioral Health Services</b>			
90853	Therapy	Mental health counseling provided in a group setting	\$72
90832	Therapy	Brief individual counseling session (16 - 37 minutes)	\$179
90834	Therapy	Standard individual counseling session (38 - 53 minutes)	\$239
90837	Therapy	Extended individual counseling session (longer than 53 minutes)	\$358
90847	Therapy	Family counseling session (not a time-based service)	\$300

### Acute Treatment Unit (ATU)

Code	Type of Service	Description	Customary Charge
<b>Bundled Services*</b>			
H0017	Psychiatric Stabilization	Psychiatric stabilization and short term residential treatment at the ATU bundled rate (per day)	\$1,250
<b>Unbundled Services**</b>			
0124	Psychiatric Stabilization	ATU Room and Board, per day	\$700
99212	Psychiatric Stabilization	A psychiatric session where one or two conditions are addressed with minimal treatment	\$120
99213	Psychiatric Stabilization	A psychiatric session where three or more conditions are addressed with minimal treatment	\$197
99214	Psychiatric Stabilization	A psychiatric session where three or more conditions are addressed with moderate treatment	\$289
99215	Psychiatric Stabilization	A psychiatric session where three or more conditions are addressed with extensive treatment	\$387
90832	Psychiatric Stabilization	Brief individual psychotherapy session (16 - 37 minutes)	\$179
90834	Psychiatric Stabilization	Standard individual psychotherapy session (38 - 53 minutes)	\$239
90837	Psychiatric Stabilization	Extended individual psychotherapy (longer than 53 minutes)	\$358

\*ATU services are charged at the bundled rate per each day of the stay for self-pay patients and some commercial insurance. When services are bundled, the one charge is the only one assessed for that day's stay.

\*\*When ATU services are unbundled per the requirements of some insurance companies and Medicare, services are to be billed as provided. When that is the case, the services are billed as provided during the stay based on the therapeutic plan and there is a separate Room and Board charge that covers the facility cost for the stay.