

Panorama Orthopedics & Spine Center's fees for the 15 most common health services/procedures:

Description	CPT	Price
Postop follow-up visit	99024	\$0.00
Office/Outpatient visit, New	99203	\$181.00
Office/Outpatient visit, New	99204	\$280.00
Office/Outpatient visit, Est	99212	\$73.00
Office/Outpatient visit, Est	99213	\$121.00
Office/Outpatient visit, Est	99214	\$183.00
X-Ray Exam of Lower Spine	72100	\$96.00
X-Ray Exam of Shoulder	73030	\$81.00
X-Ray Exam of Wrist	73110	\$76.00
X-Ray Hip with Pelvis (2-3 views)	73502	\$105.00
X-Ray Exam of Knee, 3	73562	\$83.00
X-Ray Exam of Knee (4 or more)	73564	\$91.00
X-Ray Exam of Ankle	73610	\$76.00
X-Ray Exam of Foot	73630	\$76.00
Drain/Inject, Joint/Bursa	20610	\$171.00

*\*This fee schedule is provided per Colorado Revised Statute: 25-49-103 – Transparency in Health Care Prices Act*

*"If you are covered by health insurance, you are strongly encouraged to consult with your health insurer to determine accurate information about your financial responsibility for a particular health care service provided by a health care provider at this office.*

*If you are not covered by health insurance, you are strongly encouraged to contact our billing office at 970-262-7400 to discuss payment options*