



A Discount Plan Dedicated for Your Healthcare Solutions

MEMBER MANUAL

Core, CorePlus & Complete

Best Medical Plan, Inc.

Date of Insurance: 05.07.2019

Lic - Nº 19820858461

Phone: 305.800.2378

www.bestmedicalplan.us

Email: info@bestmedicalplan.us

BMP-PM-001 Revised:06/15/2021



INTRODUCTION

Dear Member,

Best Medical Plan, Inc, would like to Welcome You!

Best Medical Plan, INC., also referred as “BMP” in this document, is a licensed Discount Plan Organization servicing your area. Best Medical Plan, Inc. is administrated at 2460 SW 137 AVE, suite# 243, Miami, FL 33175. Best Medical Plan, Inc., is **NOT** insurance but is licensed and regulated by the Florida Department of Insurance Regulation. As a BMP member, you will have access to a growing network of health care professionals dedicated in providing the BMP members quality and affordable health care services at a fixed discounted rate. It is important for you to know that the continued participation of any BMP contracted network providers such as Primary Care Physician, Specialists, Dentists and Pharmacies or other any other providers cannot be guaranteed. The BMP contracted network providers are independently contracted, and the BPM contracted provider network and member fee schedules are subject to change. The BMP Provider Directory and Member Fee Schedules are updated periodically and are available on the Best Medical Plan, Inc. website: www.bestmedicalplan.us. If you have any questions pertaining to BMP such as: Provider Network, Member Fee Schedule, Accessing Care please contact BMP at: **305.800.2378**, from Monday through Friday, between the hours of 9:00am to 5:00pm, est., or email us info@bestmedicalplan.us and a BMP associate will assist you. **Thank you for joining Best Medical, Inc.!**

A Discount Plan Dedicated for Your Healthcare Solutions



MISSION STATEMENT

Best Medical Plan, Inc., mission is to provide a comprehensive and efficient delivery of quality health care services at an affordable discounted fixed rate to our members through a dedicated team of BMP associates and its network of participating providers.

DISCLOSURE

- Best Medical Plan, Inc. is a licensed Discount Plan Organization and is administrated at 2460 SW 137 AVE, suite# 243, Miami, FL 33175.
- Best Medical Plan, Inc. is **NOT** insurance but is licensed and regulated by the Florida Department of Insurance Regulation.
- Best Medical Plan, Inc. provides discounted and fixed pricing at all contracted Provider locations.
- Best Medical Plan, Inc. members pay for the services that are provided directly to the contracted Provider.
- Best Medical Plan, Inc. does not pay providers directly for any services rendered.
- Best Medical Plan, Inc. assumes no liability or responsibility for any services rendered by contracted Providers.
- Best Medical Plan, Inc. cannot guarantee the continued participation of any contracted Network Providers such as Primary Care Physician, Specialists, Dentists, Pharmacies or any Other Providers.
- Best Medical Plan, Inc., Providers are independently contracted, and the fixed discounted rates may vary per contracted provider location.
- Best Medical Plan, Inc., contracted provider network and member fee schedules are subject to change, and the BMP Provider Directory and Member Fee Schedules are updated periodically.



PROVIDER ACCESS & MEMBER FEES INFORMATION

As a BMP member you can begin to use your plan immediately but please note, that you must present your membership card and a valid picture ID at the time of service in order to verify your eligibility. You can visit any network provider or receive services without any limitations. The need for a referral or any prior approval is not required to schedule a visit and receive services with a BMP network provider. BMP providers are independently contracted by Best Medical Plan, Inc. to render services at the fixed discounted rate. The Best Medical Plan, Inc., contracted network providers include; Primary Care Physicians, Specialists, Urgent Care Centers, Laboratories, and Diagnostic/Imaging Centers which provide services such as X-Rays, Blood Exams, Diagnostic Imaging Tests at fixed discounted rates. The BMP fixed discounted rates may vary per contracted provider location. Services may vary from provider to provider depending on what each provider location deems necessary. The BMP contracted network provider is responsible to charge the BMP member the correct member fee pertaining to the Best Medical Plan, Inc. contract agreement between Best Medical Plan, Inc and the contracted network provider.. Best Medical Plans, Inc. offers several plan options: Core, CorePlus, Complete and BMP Plus. The CorePlus and Complete plan options include the BMP Plus plan option as part of the membership fee. The Core plan option does not include the BMP Plus plan option as part of the membership fee. The Core, CorePlus and Complete plan options discounted fixed rates are listed on the Member Fee Schedules located in this Manual. The BMP Plus discounted fixed rates and prescription savings are not listed in this Manual. Please refer to the BMP Plus Manual for its discounted fixed rates and prescription savings. Only approved and contracted Best Medical Plan, Inc., contracted network providers will honor the fixed discounted rates as defined in the Member Fee Schedules. You may find the BMP Provider Directory in the Best Medical Plan, Inc. website, www.Bestmedicalplan.us. The BMP Provider Directory has been classified by type of provider and by county. To schedule an appointment, contact the provider you have chosen from the BMP Provider Directory., or should you need assistance locating a provider or scheduling an appointment, please contact BMP at **(305) 800-2378**, from Monday through Friday, between the hours of 9:00am to 5:00pm, est., and a BMP associate will assist you.

Any diagnostic studies, laboratory test, prescription medication or services ordered by a Best Medical Plan, Inc., contracted network provider must be performed or completed by an approved in network Best Medical Plan, Inc. contracted network provider to receive the fixed discounted rates. This will ensure that the service and its prices are within the scope of the agreements that Best Medical Plan, Inc., has in place with its contracted network providers. If you use a provider outside of the Best Medical Plan, Inc. network, you will **not** receive the negotiated fixed discounted rates and you will have to pay the full rate that the provider requires. You have the right to get timely access to the BMP network plan providers and to all discounts covered by the plan. Timely access means that you can get appointments and services within a reasonable period. You have the right to get full information from your providers when you go for medical care. You have the right to participate fully in decisions about your healthcare. You have the right to refuse care. It is important for you to know, that the continued participation of any BMP contracted network providers such as Primary Care Physician, Specialists, Dentists, Pharmacies or other any other providers cannot be guaranteed. The BMP contracted network providers are independently contracted, and the BPM contracted provider network and member fee schedules are subject to change. The BMP Provider Directory is current as of the date of publication. Some plan providers may have been added or removed from the BMP Provider Directory after it was printed. The BMP Provider Directory and Member Fee Schedules are updated periodically and are available on the Best Medical Plan, Inc. website at www.bestmedicalplan.us. To get the most up-to-date information about Best Medical Plan, Inc. contracted network providers in your area visit the Best Medical Plan, Inc. website: www.bestmedicalplan.us. or contact BMP at **305.800.2378**, Monday through Friday, between the hours of 9:00am to 5:00pm,est. or email us at info@bestmedicalplan.us and a BMP associate will assist you. Best Medical Plan, Inc., members pay for the services that are provided directly to the contracted provider. BMP does not pay the providers directly for any services rendered to the BMP member. Best Medical Plan, Inc., assumes no liability or responsibility for any services rendered by contracted providers. If you have any questions pertaining to BMP such as: Provider Network, Member Fee Schedules, Accessing Care, Scheduling Appointments, or any General Questions please contact BMP at: **305.800.2378**, Monday through Friday, between the hours of 9:00am to 5:00pm,est. or email us at info@bestmedicalplan.us and a BMP associate will assist you.




PROVIDER NETWORK INFORMATION

- BMP member does not need a referral, or any prior approval is not required to schedule a visit and receive services with a BMP contracted network provider partner.
- BMP contracted network providers are independently contracted to render services at the fixed discounted rate, and the BPM contracted provider network and member fee schedules are subject to change
- Continued participation of any BMP contracted network providers such as Primary Care Physician, Specialists, Dentists, Pharmacies or other any other providers cannot be guaranteed.
- BMP member needs to receive the services from a BMP contracted network provider partner to obtain the BMP discounted rates.
- The BMP fixed discounted rates may vary per contracted provider location.
- The BMP member shall contact BMP at 305-800-2378, Monday through Friday, between the hours of 9:00am to 5:00pm,est for scheduling of their appointment with a BMP contracted network provider partner. A BMP associate will assist them with the scheduling of the appointment.
- The BMP Provider Directory and Member Fee Schedules are updated periodically and are available on the Best Medical Plan, Inc. website at www.bestmedicalplan.us.
- The most up-to-date information about Best Medical Plan, Inc. contracted network providers in your area visit the Best Medical Plan, Inc. website: www.bestmedicalplan.us. or contact BMP at **305.800.2378**, Monday through Friday, between the hours of 9:00am to 5:00pm,est. or email us at info@bestmedicalplan.us and a BMP associate will assist you.



MEMBERSHIP CARD INFORMATION

As a BMP member you can begin to use your plan immediately but please note, that you must present your membership card and a second form of a valid identification at the time of the office visit. If the member is a minor, the parent or legal guardian needs to provide a valid identification with the BMP membership card. It is required that the provider contact BMP to confirm the member's eligibility prior to providing any services. If the membership status is inactive or terminated, the BMP provider will **NOT** render services at our plan's discounted fixed rate. You need to contact BMP at: **305.800.2378**, from Monday through Friday, between the hours of 9:00am to 5:00pm, est., and a BMP associate will assist you.

**BEST**
MEDICAL PLAN

MEMBER-ID

First Name

Last Name


Type of Plan:

Issue Date:

ID Number:

(Front)

★ Call to verify member status before seeing patient. The membership plan must be ACTIVE in order to receive services. ★

 **305.800.2378**

Best Medical Plan, INC. is NOT insurance but is licensed and regulated by the Florida Department of Insurance Regulation. Best Medical Plan, INC. provides discounted and fixed pricing at all contracted Providers locations. All members pay for the services that are provided directly to the contracted Provider. Best Medical Plan, INC. does not pay providers directly for any services rendered and assumes no liability or responsibility for any services rendered by contracted Providers. Best Medical Plan, INC. is a licensed Discount Plan Organization and is administrated at 2460 SW 137 AVE Ste # 243 Miami, FL 33175

(Back)

PROVIDER FEE SCHEDULES

MIAMI- DADE COUNTY	Core/ CorePlus		Complete	
Primary Care	Initial Office Visit	Follow-up Office Visit	Initial Office Visit	Follow-up Office Visit
FAMILY PRACTICE	\$50	\$30	\$40	\$20
GENERAL PRACTICE	\$50	\$30	\$40	\$20
INTERNAL MEDICINE	\$70	\$50	\$40 to \$60	\$40
PEDIATRICS	\$50	\$30 to \$40	\$40	\$20 to \$30
Specialist	Initial Office Visit	Follow-up Office Visit	Initial Office Visit	Follow-up Office Visit
ALLERGIST	\$110	\$70	\$100	\$60
CARDIOLOGY	\$60 to \$120	\$60 to \$110	\$40 to \$110	\$40 to \$100
***CHIROPRACTOR	\$70 (CorePlus)	\$50 (CorePlus)	\$60	\$40
DERMATOLOGY	\$70 to \$90	\$40 to \$50	\$60 to \$80	\$40 to \$50
ENDOCRINOLOGY	\$160	\$100	\$100 to \$150	\$85 to \$90
ENT / OTOLARYNGOLOGY	\$90 to \$110	\$80	\$80 to \$100	\$70
GASTROENTEROLOGY	\$85	\$70	\$60 to \$75	\$40 to \$60
GYNECOLOGY/OBSTETRICS	\$50 to \$70	\$30 to \$50	\$40 to \$60	\$20 to \$40
NEPHROLOGY	\$90	\$60	\$80	\$50
NEUROLOGY	\$80	\$60	\$70	\$50
NEUROPSYCHOLOGY	\$110	\$85	\$100	\$75
OPHTHALMOLOGY	\$65	\$65	\$65	\$65
ORTHOPEDICS	\$70 to \$80	\$50 to \$60	\$60	\$40
***PAIN MANAGEMENT	\$70 (CorePlus)	\$50 (CorePlus)	\$60	\$40
PEDIATRIC NEUROLOGY	\$160	\$85	\$150	\$75
PODIATRY	\$70 to \$100	\$50 to \$70	\$60 to \$40	\$60-\$40
***PHYCHIATRY	\$100 to \$150	\$80 to \$85	\$100 to \$150	\$75 to \$80
***PSYCHOLOGY	N/A	N/A	\$60 to \$100	\$60 to \$75
PULMONOLOGY	\$70 to \$135	\$50 to \$105	\$60 to \$125	\$40 to \$95
RHEUMATOLOGY	\$100	\$75	\$80 to \$100	\$50 to \$75
UROLOGY	\$70	\$50	\$60	\$40
Note: BMP Fixed Discounted Rates may vary per contracted provider location				

THE PHYSICIAN will charge BEST MEDICAL PLAN Inc. members 100% of Florida Medicaid published fees for all services not specified on this agreement or on any other price addendum or agreed fees that may be part of this agreement. THE PHYSICIAN agrees not to charge Members more than the discounted rates specified on attached FEE SCHEDULE. The PROVIDER will not change the agreed fees schedule or deviate from the Florida Medicaid Schedule for services not covered in this price schedule that is [part of this agreement without the prior written approval of BEST MEDICAL PLAN Inc.

*** Note: Core Members do not have access to the BMP Plus network at the discounted rate which includes Chiropractor and Pain Management.

***Note: Core Members and CorePlus do not have access to the Phychiatry & Psychology networks at the discounted rate.

***Note:The BMP fixed discounted rates may vary per contracted provider location.

Cardiovascular				X Ray Procedures			
Codes		Core/CorePlus	Complete	Codes		Core/CorePlus	Complete
93000	EKG	\$20.00	\$10.00	73600	ANKLE 2 VIEWS	\$35.00	\$25.00
93307	ECHO	\$100.00	\$90.00	71010	CHEST PA ONLY	\$35.00	\$25.00
93320	ECHO DOPPLER	\$100.00	\$90.00	71020	CHESTPA & LA	\$35.00	\$25.00
93325	COLOR FLOW DOPPLER	\$35.00	\$25.00	73070	ELBOW 2 VIEWS	\$35.00	\$25.00
93324	HOLTER MONITOR 24 HR	\$65.00	\$55.00	73620	FOOTS 2 VIEWS	\$35.00	\$25.00
				73090	FOREMAN 2 VIEWS	\$35.00	\$25.00
Codes	Diagnostic US	Core/CorePlus	Complete	73120	HAND 2 VIEWS	\$35.00	\$25.00
76705	ABDOMEN/SINGLE	\$80.00	\$70.00	73500	HIP 1 VIEWS	\$35.00	\$25.00
76700	ABDOMEN/COMPLETE	\$80.00	\$70.00	73510	HIP 2 VIEWS	\$35.00	\$25.00
76645	BREAST	\$80.00	\$70.00	73520	HIP BILATERAL	\$35.00	\$25.00
76856	PELVIC	\$80.00	\$70.00	73060	HUMERUS 2 VIEWS	\$35.00	\$25.00
76873	PROSTATE	\$80.00	\$70.00	74020	KUB 2 VIEWS	\$35.00	\$25.00
76770	KIDNEY/RENAL	\$80.00	\$70.00	72110	LUMBO SACRAL SPINE	\$35.00	\$25.00
76536	THYROID	\$80.00	\$70.00	71100	RIBS 2 VIEWS	\$35.00	\$25.00
93923	US ARTERIAL UPPER-LOWER	\$80.00	\$70.00	73020	SHOULDER 1 VIEWS	\$35.00	\$25.00
93925	DUPLEX SCAN ARTERIAL	\$80.00	\$70.00	73030	SHOULDER 2 VIEWS	\$35.00	\$25.00
93965	US VENOUS EXTREMITY	\$80.00	\$70.00	73590	TIBIA 2 VIEWS	\$35.00	\$25.00
93970	DUPLEX SCAN VENOUS	\$80.00	\$70.00	73100	WRIST 2 VIEWS	\$35.00	\$25.00
				73560	CALCANEUS	\$35.00	\$25.00
Codes	Injections	Core/CorePlus	Complete	73550	FEMUR	\$35.00	\$25.00
0780	COMPazine 10 MG	COST +\$15.00	COST +\$10.00	73140	FINGER(S)	\$35.00	\$25.00
1100	DECADRON UP TO 5 MG	COST +\$15.00	COST +\$10.00	72040	CERVICAL SPINE	\$35.00	\$25.00
1030	DEPO-MEDROL 40 MG	COST +\$15.00	COST +\$10.00	72070	THORACIC SPINE	\$35.00	\$25.00
1040	DEPO-MEDROL 80 MG	COST +\$15.00	COST +\$10.00	73562	KNEE	\$35.00	\$25.00
2480	TERRAMYCIN UO TO 50 MG	COST +\$15.00	COST +\$10.00	70220	SINUS	\$35.00	\$25.00
3120	TESTOSTERONE TO 100 MG	COST +\$15.00	COST +\$10.00	70260	SKULL SERIES	\$35.00	\$25.00
3410	VISTARIL TO 25 MG	COST +\$15.00	COST +\$10.00	70160	NASAL BONES	\$35.00	\$25.00
3420	VITAMIN B12 TO 1000 MG	COST +\$15.00	COST +\$10.00	70110	MANDIBLE	\$35.00	\$25.00
1670	TETANUN GLOBULIN	COST +\$15.00	COST +\$10.00	70200	ORBITS	\$35.00	\$25.00
3180	TETANUN TOXOID	COST +\$15.00	COST +\$10.00				
500	BENTYL	COST +\$15.00	COST +\$10.00	Codes	Therapies	Core/CorePlus	Complete
3450	TIGAN	COST +\$15.00	COST +\$10.00	97010	HOT PACK THERAPY	\$15.00	\$10.00
1885	TIRADOL	COST +\$15.00	COST +\$10.00	97010	COLD PACK THERAPY	\$15.00	\$10.00
1200	BENADRYL	COST +\$15.00	COST +\$10.00	97012	TRACTIONAL MECHANICAL	\$15.00	\$10.00
				97014	EMS (HIG FREQUENCE)	\$15.00	\$10.00
Codes	Pulmonary	Core/CorePlus	Complete	97018	PARAFFIN BATH	\$15.00	\$10.00
4060	BRONCHOSPASM EVAL	\$17.50	\$12.50	97022	WHIRPOOL	\$15.00	\$10.00
4664	NEBULIZER TREATMENT	\$17.50	\$12.50	97026	INFRARED	\$17.20	\$13.20
4665	NEBULIZER SUBSEQUENT	\$17.50	\$12.50	97035	ULTRASOUND	\$15.00	\$10.00
4010	SPIROMETRY	\$17.50	\$30.00	97039	VIBRATORY MASSAGE	\$22.50	\$17.50
4060	SPIROMETRY W BRONCO SP	\$17.50	\$12.50	97110	THERAPEUTIC EXERCISE	\$62.00	\$57.00
4070	PROLONGED BRONCHO SP	\$17.50	\$12.50	97112	NEURO.RE-EDUCATION	\$68.00	\$63.00
4200	MAXIMUM BREATHING CAP	\$17.50	\$12.50	97124	MASSAGE	\$52.00	\$47.00
4240	FUN.RESDCAP	\$17.50	\$12.50	97139	HYDRO MASSAGE	\$22.00	\$17.00
4250	EXP.GASS COLLECTION	\$17.50	\$12.50	97140	MANUAL THERAPY	\$70.00	\$65.00
				97140	MANUAL TRACTION	\$96.00	\$91.00
				E0217	WATER CIRCULATING COLD	\$96.00	\$91.00
				E0218	WATER CIRCULATING HOT	\$96.00	\$91.00
				97535	SELF/HOME CARE	\$46.00	\$41.00
Codes	Other Procedures	Core/CorePlus	Complete	69210	EAR LAVAGE	\$10.00	\$5.00
69210	EAR LAVAGE	\$10.00	\$5.00	88150	PAP SMEAR	\$40.00	\$35.00
88150	PAP SMEAR	\$40.00	\$35.00				

Note:
All immunizations will follow CDC protocols for age requirements. (See attached). Persons under the age of 19 years are eligible for Free Vaccines offered by VFC Program. BMP providers will charge our Complete members \$10.00 and Core/CorePlus members \$15.00 for the administration of each vaccine only. For additional information on the VFC Program visit <https://www.cdc.gov/vaccines/programs/vfc/index.html>

SPECIALISTS SERVICES AND FEES

GASTROENTEROLOGY FEE SCHEDULES

PROCEDURE	CORE/COREPLUS	COMPLETE
ENDOSCOPY	\$675	\$650
SIGMOIDOSCOPY	\$375	\$350
COLONOSCOPY without Biopsy	\$675	\$650
COLONOSCOPY with Biopsy	\$675	\$650
EGD without Biopsy	\$475	\$450
EGD with Biopsy	\$550	\$525

NEUROLOGICAL FEE SCHEDULES

CPT CODES	PROCEDURE	DESCRIPTION	CORE/CORE PLUS	COMPLETE
76536	Soft - Tissue Ultrasound	Cervical Soft Tissue	\$110.00	\$100.00
76800		Spinal Canal & Contents	\$110.00	\$100.00
76880		Extremities Leg/Arm	\$110.00	\$100.00
95900	Neurological Studies	NCS Upper Motor	\$135.00	\$125.00
95903		NCS Upper Motor + F-Wave	\$135.00	\$125.00
95904		NCS Upper Sensory	\$135.00	\$125.00
95900		NCS Lower Motor	\$135.00	\$125.00
95903		NCS Lower Motor + F-Wave	\$135.00	\$125.00
95904		NCS Lower Sensory	\$135.00	\$125.00
95819		EEG - Electroencephalogram	\$160.00	\$150.00
92585		BAER- Brainstem Auditory Evoked Response	\$135.00	\$125.00
92280		VER- Visual Evoked Response	\$135.00	\$125.00
95930		VER- Visual Evoked Potential	\$135.00	\$125.00
95860		EMG - 1 Extremity	\$140.00	\$130.00
95861		EMG - 2 Extremities	\$190.00	\$180.00
95863		EMG - 3 Extremities	\$235.00	\$225.00
95864		EMG - 4 Extremities	\$285.00	\$275.00

PULMONOLOGY FEE SCHEDULE

CPT CODES	PROCEDURE	CORE/CORE PLUS	COMPLETE
94060	BRONCHODILATION RESPONSIVENESS	\$190.00	\$180.00
94640	AIRWAY INHALATION TREATMENT	\$190.00	\$180.00
94667	CHEST WALL MANIPULATION	\$190.00	\$180.00
94726	PULMONARY FUNCTION TESTING VIA PLETHYSMOGRAPHY	\$190.00	\$180.00
94727	PULMONARY FUNCTION TESTING BY GAS DILUTION	\$190.00	\$180.00
94729	CO2/MEMBRANE DIFFUSING CAPACITY	\$190.00	\$180.00
J7620	ALBUTEROL IPRATROP NON-COMP	\$190.00	\$180.00

CHEST PHYSIOTHERAPY TREATMENT

94060	BRONCHODILATION RESPONSIVENESS	\$40.00	\$30.00
94667	CHEST WALL MANIPULATION	\$40.00	\$30.00
J7620	ALBUTEROL IPRATROP NON-COMP	\$40.00	\$30.00

***Note: The BMP fixed discounted rates may vary per contracted provider location.



LABORATORY REQUIREMENTS

BMP contracted network Laboratories require that the tests being requested are ordered by a license healthcare professional that is authorized to practice medicine in the State of Florida. The order must be written in a Physician or Specialist that has ordered the test. This procedure is to protect the confidential information regarding the outcome or the test results. If you do not have an account with these laboratories, you can use a prescription pad to indicate the test you are ordering, and the member, can visit one of the blood drawing sites listed in the BMP Provider Directory. Test results will be emailed, faxed or mailed to your office once they are available.

LABORATORY FEE SCHEDULE

TEST	CORE/ CORE PLUS	COMPLETE
	FEE	FEE
VENIPUNCTURE	\$15.00	\$12.50 Includes all of the seven lab test every twelve months. *CBC, Comp.Metab.Panel, TSH, Lipid Panel, Urine, Urid Acid, Glycohemoglobin (HBA1C, A1C)
CBC	\$7.00	
COMP.METAB.PANEL	\$9.00	
TSH	\$14.00	
LIPID PANEL	\$9	
URINE	\$2.50	
URID ACID	\$3.50	
		\$10.00

Note: Rates below are for Core, CorePlus and Complete members.

TEST	FEE	TEST	FEE
BIOPSY LEVEL I	\$28.50	BUN	\$5.00
BIOPSY LEVEL II	\$38.00	CBC	\$6.50
BIOPSY LEVEL III	\$61.75	C3 COMPLEMRNT	\$19.00
BIOPSY LEVEL IV	\$80.75	C4 COMPLEMENT	\$19.00
AMYLASE	\$5.70	CA125	\$18.75
ACTH	\$35.15	CA 15-3	\$18.75
AFP TUMOR MARKER	\$14.70	CA 19-9	\$18.75
ALBUMIN	\$2.50	CA 27-29	\$18.75
ALCOHOL IN URINE	\$11.40	CALCIUM	\$4.50
ALDOLASE	\$9.00	CALCIUM IONIZED	\$10.50
ALKALINE PHOSPHATASE	\$2.50	CALCULUS (STONE) ANALYSIS	\$26.60
ALLERGEN FOOD PANEL (EACH)	\$8.50	CARBAMAZEPIN	\$14.25
ALLERGEN RESPIRATORY PANEL (EACH)	\$8.50	CEA	\$18.50
ALLERGY PANEL PRE ALLERGEN (EACH)	\$8.50	CERULOPLASMIN	\$34.00
ALPHA PHETO PROTETEIN QUAD SCREEN	\$78.50	CHLAMDIA & GC IN URINE	\$57.00
ALPHA PHETO PROTETEIN TRIPLE SCREEN	\$53.00	CHLAMDIA & GC DNA	\$23.75
ALT (SGPT)	\$7.50	CHOLESTEROL	\$4.50
AMIKACIN SERUM	\$14.75	CK (CPK TOTAL)	\$6.50
AMMONIA	\$11.80	CMV IgG	\$13.75
ANA	\$11.40	CMV IgM	\$11.80
ANTIBODY SCREENING	\$10.90	COMPRENH.METABOLIC PANEL	\$8.50
ASO	\$14.50	COOMBS DIRECT	\$9.50
AST (SGOT)	\$7.50	COOMBS INDIRECT	\$9.50
B-12 & FOLIC ACID	\$28.50	CORTISOL	\$16.50
B-12 & FOLIC ACID	\$11.80	C-PEPTIDE	\$14.25
BASIC METAB PANEL	\$7.50	CPK-MB (CREATINE KINASE MB FRACTION)	\$11.80
BETA 2 MICROGLOBULIN	\$15.60	C-REACTIVE PROTEIN (CRP)	\$4.50
BILIRBIN DIRECT	\$4.50	C-REACTIVE PROTEIN (CRP)ULTRASENSITIVE	\$11.80
BILIRBIN TOTAL	\$4.50	CREATININE 24 HRS	\$9.50
BLEDDING TIME	\$4.50	CREATININE CLEARANCE	\$9.00
BLOOD TYPE & RH	\$17.00	CREATININE SERUM	\$4.00
BNP	\$38.00	CULTURE & SENSIT	\$13.25

TEST	FEE
CYSTIC FIBROSIS	\$237.50
DEPAKENE (VALPROIC ACID)	\$13.30
DHEA (DEHYDROEPIANDROSTERONE)	\$24.70
DHEA-S	\$24.70
DIHYDROTESTOSTERONE DHT	\$25.15
D- DIMER	\$21.25
DILANTIN LEVEL	\$14.25
DRUG SCREEN IN URINE	\$21.85
ELECTROLYTE PANEL	\$6.00
EPSTEIN BARR VIRAL CAPSIDE ANTIGEN (VCA) IgG & IgM	\$13.25
EPSTEIN BARR VIRUS EARLY	\$13.25
EPSTEIN BARR VIRAL CAPSIDE ANTIGEN IgG ANTIBODY	\$16.50
EPSTEIN BARR VIRAL CAPSIDE ANTIGEN IgM ANTIBODY	\$16.50
ERYTHROPOIENTIN	\$17.50
ESTRADIOL	\$21.00
ESTRIOL	\$26.50
ESTROGEN TOTAL	\$21.00
ESR (SED RATE)	\$7.50
EYE CULTURE & SENSITIVITY	\$11.40
FERRITIN	\$13.25
FIBRINOGEN	\$21.00
FOLID ACID	\$12.25
FREE T3	\$6.50
FEE T4	\$6.50
FSH	\$16.00
FSH & LH	\$32.25
FINE NEEDLE ASPIRATION	\$65.50
FTAAG	\$32.50
FUNGUS CULTURE	\$32.50
GAMMA GT (GGTP)	\$4.50
GC CULTURE	\$32.50
GENTAMYCIN	\$26.50
GLIADIN IgA, IgG	\$76.00
GLUCOSE 2 HRS PP	\$6.50
GLUCOSE 2 HRS TOLERANCE TEST	\$12.25
GLUCOSE 3 HRS	\$16.00
GLUCOSE GRAY TUBE	\$3.50
GLUCOSE SERUM	\$3.50
H.PYLORI AB IgG	\$14.25
H.PYLORI AB IgM	\$14.25

TEST	FEE
H.PYLORI IN STOOL (ANTIGEN)	\$40.85
HAPTOGLOBULIN	\$23.75
HCG QUAL	\$6.65
HCG QUANT	\$14.50
HEMOGLOBIN A1C	\$8.60
HEMOGLOBIN ELECTROPHORESIS	\$11.40
HEMOGLOBIN /HEMATOCRIP	\$11.40
HEPATIC FUNCTION PANEL	\$6.70
HEPATITIS A IgM	\$11.00
HEPATITIS A TOTAL	\$10.00
HEPATITIS B CORE IgM ANTIBODIES	\$11.00
HEPATITIS B CORE TOTAL ANTIBODIES	\$11.00
HEPATITIS Bs ANTIBODIES	\$10.50
HEPATITIS Bs ANTIGEN	\$9.50
HEPATITIS C ANTIBODIES	\$12.85
HEPATITIS PANEL MABC	\$41.80
HERPES CULTURE	\$33.25
HERPES I SELECT	\$11.90
HERPES SELT II IgG	\$17.50
HIV 1 & 2 SCREEN	\$8.60
HLA - B - 27	\$66.50
HOMOCYSTEINE	\$26.50
HUMAN GROWTH HORMONE	\$15.20
HUMAN PAPILOMA VIRUS Hc2	\$37.05
IgA (immunoglobulin/ IgE(immunoglobulin E)	\$8.55 / \$15.20
IgG (immunoglobulin) /IgM (immunoglobulin M)	\$8.55 /\$8.55
IMMUNOELECTROPHORESIS	\$20.45
IMMUNOGLOBULIN IgG-A-M	\$25.50
INSULINE LEVEL	\$10.95
INSULINE LIKE GROWTH FACTOR I SOMATOMEDIN -C IgF1	\$28.50
IRON	\$4.50
IRON & IBC	\$8.00
LEAD BLOOD	\$10.00
L.E. SCREEN	\$9.50
LDH	\$4.00
LH	\$18.50
LIPASE	\$5.70
LIPID PANEL	\$8.55
LIPOPROTEIN A	\$31.50
LITHIUM	\$6.65

TEST	FEE	TEST	FEE
LIVER PROFILE I	\$9.50	PTH INTACT	\$33.25
MAGNESIUM SERUM	\$6.00	PTT	\$3.50
MEASLES ANTIBODY IgG	\$11.90	QUINIDINE	\$13.75
MEASLES ANTIBODY IgM	\$11.90	R A LATEX	\$6.60
METANEPHRINE 24 HRS URINE	\$76.00	RENAL FUNCION PANEL	\$7.60
MICROALBUMIN 24 HRS URINE	\$33.25	RENION	\$17.60
MICROALBUMIN RANDOM	\$4.00	RETIC COUNT	\$4.00
MITOCHONDRIAL TOTAL AUTOANTIBODIES	\$52.00	RH FACTOR (ONLY)	\$5.25
MONO TEST	\$11.40	RHEUMATOID FACTOR	\$5.70
MUMPS ANTIBODY IgG	\$11.90	RUBELLA ANTIBODY IgG	\$14.25
MUMPS ANTIBODY IgM	\$11.90	RUBELLA ANTIBODY IgM	\$14.25
MYCCOPLASMA IgM TITER PNEUMONIAE ANTIBODY	\$57.00	RPR	\$4.50
MYCCOPLASMA PNEUMONIAE ANTIBODY IgG, IgM	\$61.75	BASIC METAB PANELED RATE	\$3.50
MYELIN BASIC PROTEIN (MBP) AUTOANTIBODIES	\$85.50	SEMEN ANALYSIS	\$47.50
MYSOLINE (PRIMIDONE)	\$52.25	SEROTONIN (5-HIAA)	\$10.45
NEURONTIN (GABAPENTIN)	\$47.50	SICKLE CELL SCREEN	\$5.75
NICOTINE METABOLITE URINE	\$23.30	SMOOTH MUSCLE ANTIBODY	\$28.50
OBSTRETIC PANEL	\$43.00	SODIUM (U) 12 HRS	\$4.50
OCCULT BLOOD PER SPECIMEN	\$5.00	SODIUM (U) 24 HRS	\$4.50
OVA AND PARASITES	\$8.50	SODIUM IN URINE	\$4.50
OXALATES 24 HRS	\$12.35	SODIUM SERUM	\$4.00
OXALATES URINE RANDOM	\$12.35	STONE ANALYSIS (KIDNEY)	\$25.65
PAP SMEAR	\$14.25	STOOL CULTURE	\$12.80
PAP LIQUID SUREPATH	\$23.75	T-3 FREE	\$6.60
PHENOBARBITAL	\$10.45	T3 TOTAL	\$6.60
PHOSPHORUS	\$4.00	T3 UPTAKE	\$5.70
PLATELET COUNT	\$6.00	T4	\$5.70
POTASIUM	\$4.00	TACROLIMUS (PROGRAF)	\$15.20
POTASIUM IN URINE	\$4.00	TETOSTERONE	\$23.75
PRE-ALBUMIN	\$6.25	TETOSTERONE FREE & TOTAL	\$26.10
PREGNANCY TEST IN URINE	\$6.25	THEOPHYLLINE	\$13.75
PRIMRDONE	\$14.25	THIAMINE LEVEL (VITAMIN B1)	\$5.70
PROCAINAMIDE (PRONESTYL + NAPA)	\$135.70	THROAT CULTURE	\$12.80
PROGESTERONE	\$24.70	THYROGLOBULIN Abs SCREEN	\$15.20
PROLACTIN	\$18.50	THYROGLOBULIN QUANT	\$13.25
PROTEIN ELECTROPHORESIS	\$9.50	TOBRAMYCIN	\$15.20
PROTEIN TOTAL 24 HRS	\$3.50	TORCH PANEL	\$57.00
PROTEIN TOTAL SERUM	\$4.85	TOXOPLASMA IgG	\$14.25
PSA FREE & TOTAL	\$27.50	TRANSFERRIN	\$14.25
PSA SCREEN	\$14.25	TRAZADONE	\$66.50
PT	\$3.50	TREPONEMA PALLIDUM TOTAL ANTIBODIES (FTA)	\$20.90

TEST	FEE
TRIGLYCERIDES	\$5.70
TROPONIN I	\$14.70
TSH	\$13.30
URINALYSIS	\$2.00
URIC ACID	\$3.00
URINE CULTURE	\$12.35
URINE CYTOLOGY	\$23.75
VARICELLA ANTIBODY IgG	\$14.25
VITAMIN D 25	\$31.80
VITAMIN B-6	\$13.30
VAGINAL CULTURE	\$12.35
VARICELLA ZOSTER ANTIBODY IgM	\$14.25
VITAMIN B-1 (THIAMINE)	\$5.70
VMA (VANILLYLMANDELIC ACID 24 HRS URINE)	\$11.90
VALPROIC ACID	\$13.30
VITAMIN B-12	\$14.25
WESTERN BLOT ANALYSIS	\$33.25
WET MOUNT	\$4.00
WBC IN STOOL	\$7.60
ZINC	\$10.90
PATHOLOGY TEST	
PAP LIQUID SUREPATH	\$23.75
HUMAN PAPILOMA VIRUS hc2	\$36.10
CHLAMYDIA & GC DNA	\$23.75
CHLAMYDIA & GC DNA hc2	\$33.25
PAP PANBEL (Liquid pap +HPVhc2+ chlamydia&GC hc2)	\$94.05

DIAGNOSTIC/IMAGING FEES

ULTRASOUNDS			
ABDOMEN & RETROPERITINIUM			
PROCEDURE	Code	Core/ CorePlus	Complete
Abdomen Complete	76700	\$75	\$70
RUQ (Liver, Gallbladder & Pancreas)	76705	\$75	\$70
Liver	76705	\$75	\$70
Gallbladder	76705	\$75	\$70
Pancreas	76705	\$75	\$70
Spleen	76705	\$75	\$70
Renal	76775	\$75	\$70
Bladder	76857	\$75	\$70
ECHOGRAPHY			
PROCEDURE	Code	Core/ CorePlus	Complete
Echo Complete w/Color & Flow Ultrasound	93306	\$155	\$150
Echo Stress Test w/Color & Flow	93306	\$355	\$350
SMALL PARTS			
PROCEDURE	Code	Core/ CorePlus	Complete
Abdominal Aorta	93979	\$95	\$90
Carotid Doppler	93880	\$95	\$90
Arterial Lower Extremity Bilateral	93925/93923	\$105	\$100
Arterial Lower Extremity Unilateral	93926/93923	\$105	\$100
Thyroid or Parotid Glands	76536	\$65	\$60
VENOUS STUDIES			
PROCEDURE	Code	Core/ CorePlus	Complete
Arterial Upper Extremity Unilateral	93931/93923	\$95	\$90
BREAST DIAGNOSTIC RADIOLOGY PROCEDURES			
PROCEDURE	Code	Core/ CorePlus	Complete
Diagnostic Digital Mammo	G0204	\$75	\$70
Screening Digital Mammo	G0202	\$75	\$70
US Breast Unilateral or Bilateral	76645	\$75	\$70
Breast Biopsy Unilateral or Bilateral	19103	\$600.00	\$600.00
	19295*		
	76942**		
	G0206***		
	77051****		

Note:

*19295 At time the surgeon may choose to do a biopsy and, at the same operative session, leave a metallic localization clip so that the site may be found later if it is necessary to remove more tissue. The placement of a clip is reported using add-on code 19295, Image guided placement, metallic localization clip, percutaneous, during breast biopsy.

**76942 Ultrasonic guidance for needle placement (e.g. Biopsy, aspiration, injection, localization, localization device), imaging supervision and interpretation.

***G0206 Diagnostic mammography, producing direct image, unilateral, all views.

**** 77051 Computer-aided detection(computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation, with or without digitalization of film radiographic images; diagnostic mammography (list separately in addition to code for primary procedure).

DIGITAL X-RAYS			
PROCEDURE	Code	Core/ CorePlus	Complete
Ankle (2 views)	73600	\$30 each View	\$25 each View
Ankle Complete (3 views)	73610	\$30 each View	\$25 each View
Bone Age	77072	\$30	\$25
Bone Length	77073	\$30	\$25
Calcaneus (2 views)	73650	\$30 each View	\$25 each View
Cervical Spine (2 or 3 views)	72040	\$30 each View	\$25 each View
Cervical Spine (4 or more views)	72050	\$30 each View	\$25 each View
Cervical Spine Complete	72052	\$30	\$25
Chest (Single View)	71010	\$30	\$25
Chest (2 views)	71020	\$30 each View	\$25 each View
Chest Complete (4 views)	71030	\$30	\$25
Chest (Special Views)	71035	\$30	\$25
Chest (Oblique Projections)	71022	\$30	\$25
Chest (Stereo Frontal)	71015	\$30	\$25
Chest (Apical Lordotic Proc)	71021	\$30	\$25
Clavicle Complete	73000	\$30	\$25
Elbow (2 views)	73070	\$30 each View	\$25 each View
Elbow Complete (3 views)	73080	\$30 each View	\$25 each View
Eye	70030	\$30	\$25
Femur (2 views)	73550	\$30 each View	\$25 each View
Fingers (2 views)	73140	\$30 each View	\$25 each View
Foot (2 views)	73620	\$30 each View	\$25 each View
Foot Complete (3 views)	73630	\$30 each View	\$25 each View
Forearm (2 views)	73090	\$30 each View	\$25 each View
Hand (2 views)	73120	\$30 each View	\$25 each View
Hand (3 views)	73130	\$30 each View	\$25 each View
Hip Unilateral (1 view)	73500	\$30 each View	\$25 each View
Hip Bilateral (2 views)	73520	\$30 each View	\$25 each View
Hip Complete (2 views)	73510	\$30 each View	\$25 each View
Knee (1 or 2 views)	73560	\$30 each View	\$25 each View
Knee (3 views)	73562	\$30 each View	\$25 each View
Knee Complete (4 or more views)	73564	\$30 each View	\$25 each View
Knee Bilateral Standing	73565	\$30	\$25
Lumbosacral (4 or more)	72110	\$30	\$25
Lumbosacral Comp (Band V)	72114	\$30	\$25
Mastoids	70120	\$30	\$25
Mastoids Complete (3 views)	70130	\$30 each View	\$25 each View
Nasal Bones	70160	\$30	\$25
Neck	70360	\$30	\$25
Osseous Survey (Single View)	77077	\$30	\$25
Osseous Survey Limited	77074	\$30	\$25
Osseous Survey C Axial P	77075	\$30	\$25
Pelvis (1 or 2 views)	72170	\$30 each View	\$25 each View
Pelvis Complete (3 views)	72190	\$30 each View	\$25 each View
Ribs Unilateral (2 views)	71100	\$30 each View	\$25 each View
Ribs Bilateral (3 views)	71110	\$30	\$25
Ribs Posteroanter Chest (3V)	71101	\$30	\$25
Ribs Posteroanter Chest (4V)	71111	\$30	\$25

NUCLEAR MEDICINE			
PROCEDURE	Code	Core/ CorePlus	Complete
Bone Scan Whole Body	78306	\$255	\$250
	78320		
	A9503		
Bone Scan Limited		\$255	\$250
	78320		
	A9503		
Bone Scan 3 Phase	78315	\$305	\$300
	78320		
	A9503		
Bone Scan Multiple Areas	78305	\$255	\$250
	78320		
	A9503		
Thyroid Scan Only	78010	\$305	\$300
	A9516		
Parathyroid Scan	78070	\$255	\$250
	A9500		
Thyroid 24 hours (Uptake)	78001	\$255	\$250
Scan (Single)	78006		
	A9528		
Thyroid 24 hours (Uptake)	78001	\$255	\$250
Scan (Single)	98007		
	A9528		
Muga Scan	93015	\$305	\$300
78494/A9502/78465/78478/78480			
Stress Test Cardiolite	93015/78465	\$455	\$450
	78478/78480/A9500		
Stress Test Thallium	93015/78465	\$455	\$450
	78478/78480/A9505		
Multiple Renal Function	78709	\$405	\$400
W/Vascular Flow w/Med	A9562		
Lasix/Capt			
Renal Function w/o Pharmacologica	78707	\$405	\$400
Renal Scan (morphology)	78700	\$405	\$400
W/Vascular Flow	A9540	\$430	\$425
Renal Scan W/O Vascular	78700	\$405	\$400
Flow	A9540		
Renal Function W/Vascular	78707	\$405	\$400
Flow W/O Med	A9562		
Single Renal Function	78708	\$455	\$450
W/ Vascular Flow W/Med	A9562		
Lasix/Capt			
Gastric Emptying Study	78264/A9541	\$305	\$300
Hepabiliary Ductal System	78223		
Gallbladder HIDA	A9537		
Hepatobiliary (HIDA)	78220	\$305	\$300
Liver and Spleen Study	78215	\$305	\$300
Static	A9541		
Liver Spect W/O Vascular	78205	\$305	\$300
Flow	A9560		

NUCLEAR MEDICINE			
PROCEDURE	Code	Core/ CorePlus	Complete
Bone Scan Whole Body	78306	\$255	\$250
	78320		
	A9503		
Bone Scan Limited		\$255	\$250
	78320		
	A9503		
Bone Scan 3 Phase	78315	\$305	\$300
	78320		
	A9503		
Bone Scan Multiple Areas	78305	\$255	\$250
	78320		
	A9503		
Thyroid Scan Only	78010	\$305	\$300
	A9516		
Parathyroid Scan	78070	\$255	\$250
	A9500		
Thyroid 24 hours (Uptake)	78001	\$255	\$250
Scan (Single)	78006		
	A9528		
Thyroid 24 hours (Uptake)	78001	\$255	\$250
Scan (Single)	98007		
	A9528		
Muga Scan	93015	\$305	\$300
78494/A9502/78465/78478/78480			
Stress Test Cardiolite	93015/78465	\$455	\$450
	78478/78480/A9500		
Stress Test Thallium	93015/78465	\$455	\$450
	78478/78480/A9505		
Multiple Renal Function	78709	\$405	\$400
W/Vascular Flow w/Med	A9562		
Lasik/Capt			
Renal Function w/o Pharmalogica	78707	\$405	\$400
Renal Scan (morphology)	78700	\$405	\$400
W/Vascular Flow	A9540	\$430	\$425
Renal Scan W/O Vascular	78700	\$405	\$400
Flow	A9540		
Renal Function W/Vascular	78707	\$405	\$400
Flow W/O Med	A9562		
Single Renal Function	78708	\$455	\$450
W/ Vascular Flow W/Med	A9562		
Lasix/Capt			
Gastric Emptying Study	78264/A9541	\$305	\$300
Hepabiliary Ductal System	78223		
Gallbladder HIDA	A9537		
Hepatobiliary (HIDA)	78220	\$305	\$300
Liver and Spleen Study	78215	\$305	\$300
Static	A9541		
Liver Spect W/O Vascular	78205	\$305	\$300
Flow	A9560		

MRI MAGNETIC RESONANCE IMAGING			
PROCEDURE	Code	Core/ CorePlus	Complete
Knee W	73722	\$330	\$325
Knee W & W/O	73723	\$380	\$375
Knee W/O	73721	\$280	\$275
Leg-Femur-TIB-FIB W	73719	\$330	\$325
Leg-Femur-TIB-FIB W&W/O	73720	\$380	\$375
Leg-Femur-TIB-FIB W/O	73718	\$280	\$275
Lumbar Spine W	72149	\$330	\$325
Lumbar Spine W & W/O	72158	\$380	\$375
Lumbar Spine W/O	72148	\$280	\$275
Neck W	70542	\$330	\$325
Neck W & W/O	70543	\$380	\$375
Neck W/O	70540	\$280	\$275
Orbit W	70542	\$330	\$325
Orbit W & W/O	70543	\$380	\$375
Orbit W/O	70540	\$280	\$275
Pelvis W	72196	\$330	\$325
Pelvis W & W/O	72197	\$380	\$375
Pelvis W/O	72195	\$280	\$275
Pituitary W	70552	\$330	\$325
Pituitary W & W/O	70553	\$380	\$375
Pituitary W/O	70551	\$280	\$275
Prostate W	72196	\$330	\$325
Prostate W & W/O	72197	\$380	\$375
Prostate W/O	72195	\$280	\$275
Scrotum W	72196	\$330	\$325
Scrotum W & W/O	72197	\$380	\$375
Scrotum W/O	72195	\$280	\$275
Shoulder W	73222	\$330	\$325
Shoulder W & W/O	73223	\$380	\$375
Shoulder W/O	73221	\$280	\$275
Thoracic Spine W	72147	\$330	\$325
Thoracic Spine W & W/O	72157	\$380	\$375
Thoracic Spine W/O	72146	\$280	\$275
TMJ Joints W/O	70336	\$280	\$275
Wrist W	73222	\$330	\$325
Wrist W & W/O	73223	\$380	\$375
Wrist W/O	73221	\$280	\$275
CT SCAN COMPUTED TOMOGRAPHY			
PROCEDURE	Code	Core/ CorePlus	Complete
Abdomen W	74160	\$205	\$200
Abdomen W & W/O	74170	\$280	\$275
Abdomen W/O	74150	\$155	\$150
Cervical Spine W	72126	\$205	\$200
Cervical Spine W & W/O	72127	\$280	\$275
Cervical Spine W/O	72125	\$155	\$150
Chest W	71260	\$205	\$200
Chest W & W/O	71270	\$280	\$275
Chest W/O	71250	\$155	\$150

CT SCAN COMPUTED TOMOGRAPHY			
PROCEDURE	Code	Core/ CorePlus	Complete
Head/ Brain W	70460	\$205	\$200
Head/ Brain W & W/O	70470	\$280	\$275
Head Brain W/O	70450	\$155	\$150
IACS W	70481	\$205	\$200
IACS W & W/O	70482	\$280	\$275
IACS W/O	70480	\$155	\$150
Leg/Femur/TIB/FIB W	73701	\$205	\$200
Leg/Femur/TIB/FIB W & W/O	73702	\$280	\$275
Leg/Femur/TIB/FIB W/O	73700	\$155	\$150
Lumbar Spine W	72132	\$205	\$200
Lumbar Spine W & W/O	72133	\$280	\$275
Lumbar Spine W/O	72131	\$155	\$150
Maxilofacial W	70487	\$205	\$200
Maxilofacial W & W/O	70488	\$280	\$275
Maxilofacial W/O	70486	\$155	\$150
Pelvis W	72193	\$205	\$200
Pelvis W & W/O	72194	\$280	\$275
Pelvis W/O	72192	\$155	\$150
Sinuses W	70487	\$205	\$200
Sinuses W & W/O	70488	\$280	\$275
Sinuses W/O	70486	\$155	\$150
Soft Tissue Neck W	70491	\$205	\$200
Soft Tissue Neck W & W/O	70492	\$280	\$275
Soft Tissue Neck W/O	70490	\$155	\$150
Thoracic Spine W	72129	\$205	\$200
Thoracic Spine W & W/O	72130	\$280	\$275
Thoracic Spine W/O	72128	\$155	\$150



URGENT CARE CENTER FEES

URGENT CARE FEE SCHEDULE

TIER ONE (BASIC VISIT) INCLUDES:

COMPLETE PLAN: \$60.00

CORE/ CORE PLUS PLAN: \$75.00

- All levels of service, including initial visits and established patient visits.
- Instant test(s) are performed at the center:
 - ✓ Urine dipstick test
 - ✓ Instant streptococci
 - ✓ Mononucleosis
 - ✓ Flu
 - ✓ Pregnancy Test
 - ✓ Hemocult
 - ✓ Glucose
 - ✓ HIV Test

TIER TWO (INTERMEDIATE VISIT) INCLUDES:

COMPLETE PLAN: \$120.00

CORE/ CORE PLUS PLAN: \$135.00

- Tier One (BASIC VISIT) above PLUS
 - ✓ X-RAYS of single body area performed at the center.
 - ✓ Injection of pain meds or antibiotics.
 - ✓ Vaccine administration (vaccine charged as exclusion below).
 - ✓ Venipuncture or specimen collection for any lab outside reference lab (lab test charged as exclusion below).

TIER THREE (ADVANCE VISIT) INCLUDES:

COMPLETE PLAN: \$145.00

CORE/ CORE PLUS PLAN: \$150.00

- Tier Two (INTERMEDIATE VISIT) PLUS
- Single procedures performed in the center including but not limited to:
 - ✓ Nebulizer treatment.
 - ✓ Laceration repair.
 - ✓ Burn dress/ debride.
 - ✓ Foreign body removal.
 - ✓ Cast/ Splint application.
 - ✓ IV Therapy
 - ✓ EKG

Note: The BMP fixed discounted rates may vary per contracted provider location.



LIABILITY DISCLAIMER

In consideration of the membership fees paid to Best Medical Plan Inc., by you or on your behalf, Best Medical Plan Inc. agrees to arrange for the delivery of health care services in accordance with and subject to the terms of the agreement entered between you or on your behalf, and Best Medical Plan, Inc. Best Medical Plan, Inc. in so arranges for the delivery of health care services and supplies. Best Medical Plan, Inc., does not directly provide these services nor supply them. Rather, independent contractors provide these services and supplies. The health care providers listed in the BMP Provider Directory are not employees or agents of Best Medical Plan, Inc. Best Medical Plan, Inc. shall not be liable for any negligent act or omission committed by any of the providers listed in the BMP Provider Directory, or any of their employees or agents who may provide medical services to you. Best Medical Plan, Inc. expressly refuses any agency relationship, actual or implied, with any health care provider. Best Medical Plan, Inc. does not exercise any control or direction over the medical judgement or clinical decisions of any health care provider listed in BMP Member Manual and does not interfere with the physician patient relationship between you and any health care provider. It is important for you to know when you enroll in Best Medical Plan, Inc. that the continued participation of any one doctor, hospital or other provider cannot be guaranteed. The fact that a provider is listed in the BMP Provider Directory, does not guarantee that they are still in the network or accepting new patients. The contracted network providers listed in the BMP Provider Directory have agreed to provide you with your health care coverage at fixed discounted rates from their usual and customary pricing rates.

It is important for you to know that the continued participation of any BMP contracted network providers such as Primary Care Physician, Specialists, Dentists, Pharmacies or other any other providers cannot be guaranteed. The BMP contracted network providers are independently contracted, and the BPM contracted provider network and member fee schedules are subject to change. The BMP Provider Directory is current as of the date of publication. Some plan providers may have been added or removed from the BMP Provider Directory after it was printed. The BMP Provider Directory and Member Fee Schedules are updated periodically and are available on the Best Medical Plan, Inc. website: www.bestmedicalplan.us. or contact BMP at **305.800.2378**, Monday through Friday, between the hours of 9:00am to 5:00pm,est. and a BMP associate will assist you. Members are limited to only those providers that are affiliated to the Best Medical Plan, Inc. contracted network of providers to receive the fix discounted rates. Contracted network providers listed in the BMP Provider Directory or on our website www.bestmedicalplan.us are not agents, employees, or partners of Best Medical Plan, Inc. or any of its subsidiaries. Best Medical Plan, Inc. is **NOT** a medical services provider, a medical insurance plan **NOR** an HMO. Best Medical Plan, Inc. does not control nor endorse the judgement or clinical treatment recommendations made by any of the contracted network providers listed in the BMP Provider Directory, or in our website www.bestmedicalplan.us nor those that you chose to select. All Best Medical Plan, Inc. contracted network providers are independent contractors. You may go to any of our plan providers listed in the BMP Provider Directory; however, some services may require a prescription or medical treatment plan provided by a licensed medical physician. If you have been going to one plan provider, you are not required to continue going to that same provider. To get the most up-to-date information about Best Medical Plan, Inc. providers in your area, you can visit www.bestmedicalplan.us. or call BMP at **(305) 800-2378**, Monday through Friday, between the hours of 9:00am to 5:00pm,est. and a BMP associate will assist you.



MEMBERSHIP CANCELTION

You may cancel your Best Medical Plan, Inc., membership at any time. Best Medical Plan, Inc., has a thirty (30) day cancellation policy. Best Medical Plan, Inc. must receive written notification requesting membership cancellation at least thirty (30) business days in advance of the next billing cycle for you not to be charged for the upcoming billing cycle. If you have prepaid any Membership Fees for the Core or CorePlus plans the prepayment will be refunded on a prorated basis for the months, the membership that has not been used, **not** including the one-time non-refundable Enrollment Fee which was charged at the time of the Membership Enrollment. The Enrollment Fee is non-refundable on all plans. For membership cancellation please contact Best Medical Plan, Inc. at **(305) 800-2378**, Monday through Friday, between the hours of 9:00am to 5:00pm,est. and a BMP associate will assist you.



A Discount Plan Dedicated for Your Healthcare Solutions

305.800.2378

2460 SW 137 Ave Suite #243
Miami, FL 33175

W W W . B E S T M E D I C A L P L A N . U S

