

## **Self-Pay Policy**

The following are the rates for patients who do not have health insurance. All payments are due at the time of service.

Initial visit (all inclusive)	99203	\$300	
Includes X-Rays, injections, cast, ex	Only DME is an additional cost.		
Follow-up visit	99214	\$150	
Surgery post-op visit	99024	\$00	
X-ray (each)		\$65	
Re- cast		\$135	
Injection/aspiration		\$125	
(Non HA drug & US guidance included	1)		
Supartz series of 3		\$450	
AmnioFix	40mg	\$500	
	100 mg	\$1000	
Orthoflow W/ 20610		\$975	

## Physical Therapy

٠	Initial evaluation	\$150
٠	Treatment (per day)	\$75

DME, Surgery and MRI pricing are based off BCBS RI fee schedule.