



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

Service	Code	Price
Initial visit (all inclusive) Includes X-rays, injections, cast, etc. Only DME is an additional cost.	99203	\$300
Follow-up visit	99214	\$150
Surgery post-op visit	99024	\$0
X-ray (each)		\$65
Re-cast		\$135
Injection/aspiration (Non HA drug & US guidance included)		\$125
Supartz series of 3		\$450
AmnioFix 40 mg		\$500
AmnioFix 100 mg		\$1,000
Orthoflow w/ 20610		\$975

### Physical Therapy

Service	Price
Initial evaluation	\$150
Treatment (per day)	\$80

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