

The Colorado Women's Health Center, PC
 Heidi J. Oster, MD, PC
 Littleton OB/GYN Associates, PC
 Lone Tree Obstetrics & Gynecology, PC

Robert B Gore, MD, PC
 Sheri L Gipson, MD, PC
 Sky Divas OB/Gyn, LLC

South Metro Obstetrics & Gynecology, PC
 Stapleton Women's Health, PC
 Women's Health Care Associates, PC
 Women's Health Consultants, PC

Notice of Transparency in Health Care Prices

This notice serves to comply with the Colorado Senate Bill 65 effective January 1, 2018, requiring health care providers to publicly disclose charges for the 15 most commonly performed services under the Transparency in Health Care Prices Act. The following 15 services listed below were the most commonly performed services by OBGYN Affiliates along with the associated charges within the last 12 months of this notice. Please be aware that the price for any given health care service is only an estimate and that the actual charges are dependent on the circumstances at the time the service is rendered.

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 your physician's billing office to discuss payment options prior to receiving a health care service from a health care provider at this office, since posted health care prices may not reflect the actual amount of your financial responsibility. Please see our physicians' offices contact information at: <http://www.obga.net/physicians-locations/>

CPT CODE	DESCRIPTION	CHARGE
36415	ROUTINE VENIPUNCTURE	\$15.00
36416	CAPILLARY BLOOD DRAW	\$15.00
58300	INTRAUTERINE DEVICE INSERTION	\$150.00
76817	TRANSVAGINAL ULTRASOUND OBSTETRIC	\$202.00
76830	TRANSVAGINAL ULTRASOUND NON-OB	\$253.00
81002	URINALYSIS NONAUTO W/O SCOPE	\$11.00
81025	URINE PREGNANCY TEST	\$27.00
85018	HEMOGLOBIN	\$10.00
90471	IMMUNIZATION ADMINISTRATION	\$52.00
99000	SPECIMEN HANDLING	\$9.00
99213	OFFICE/OUTPATIENT VISIT ESTABLISHED LEVEL 3	\$149.00
99214	OFFICE/OUTPATIENT VISIT ESTABLISHED LEVEL 4	\$219.00
99215	OFFICE/OUTPATIENT VISIT ESTABLISHED LEVEL 5	\$296.00
99395	PREVENTIVE VISIT ESTABLISHED AGE 18-39	\$241.00
99396	PREVENTIVE VISIT ESTABLISHED AGE 40-64	\$257.00

Updated 4/1/18

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