



DIAGNOSTIC IMAGING CENTERS, P.A.

Centered on you.

EXAM	CPT	EXAM CHARGE+	SELF-PAY* PRICE
CT ABDOMEN W CONTRAST CT CONTRAST CHARGE (\$4/cc) *Price is estimated based on 100cc (this may vary based on patient)	74160 Q9967	\$ 1,185.00	\$ 888.75
CT ABDOMEN & PELVIS WO & W CONTRAST CT CONTRAST CHARGE (\$4/cc) *Price is estimated based on 100cc (this may vary based on patient)	74178 Q9967	\$ 1,265.00	\$ 948.75
CT CHEST W CONTRAST CT CONTRAST CHARGE (\$4/cc) *Price is estimated based on 75cc (this may vary based on patient)	71260 Q9967	\$ 1,085.00	\$ 813.75
CT HEAD WO CONTRAST	70450	\$ 785.00	\$ 588.75
CT SINUS WO CONTRAST	70486	\$ 426.00	\$ 319.50
X-RAY ANKLE (3 Views)	73610	\$ 102.00	\$ 76.50
X-RAY CHEST (2 Views)	71046	\$ 108.00	\$ 81.00
X-RAY LUMBAR SPINE COMPLETE (4 View Min.)	72110	\$ 167.00	\$ 125.25
BARIUM SWALLOW/ESOPHOGRAM	74220	\$ 184.00	\$ 138.00
UPPER GI DOUBLE CONTRAST WITH AIR	74246	\$ 239.00	\$ 179.25
UPPER GI DOUBLE CONTRAST WITH SMALL BOWEL	74246 74248	\$ 441.00	\$ 330.75
SMALL BOWEL STUDY	74250	\$ 126.00	\$ 94.50
BARIUM ENEMA SINGLE CONTRAST (LOWER GI)	74270	\$ 271.00	\$ 203.25
BARIUM ENEMA DOUBLE CONTRAST W/ AIR (LOWER GI)	74280	\$ 301.00	\$ 225.75
MRI BRAIN WO & W CONTRAST	70553	\$ 1,797.60	\$ 1,348.20
MRI LOWER EXTREMITY JOINT WO CONTRAST	73721	\$ 723.00	\$ 542.25
MRI LOWER EXTREMITY JOINT WO & W CONTRAST	73723	\$ 1,607.60	\$ 1,205.70
DIGITAL SCREENING MAMMOGRAM	77067	\$ 200.00	\$ 150.00
3D SCREENING MAMMOGRAM	77063	\$ 255.00	\$ 205.00
US OB 1ST TRIMESTER ONE GESTATION	76801	\$ 200.00	\$ 150.00
US OB TRANSVAGINAL	76817	\$ 180.00	\$ 135.00
US DOPPLER VENOUS EXTREMITIES UNILATERAL	93971	\$ 494.00	\$ 370.50
US ABDOMEN COMPLETE	76700	\$ 271.00	\$ 203.25
US RENAL	76770	\$ 271.00	\$ 203.25
PIPIDA SCAN INCLUDING GALLBLADDER W/PHARM	78227	\$ 665.00	\$ 498.75

*Self-Pay patients do not have or are not using insurance. For Self-Pay patients only, 25% discount given if paid in full at the time of service.

+Prices are subject to change. Multiple exams may be charged, per CPT. Insured patient responsibility varies depending on benefits.

Diagnostic Imaging Centers accepts cash, credit, debit or CareCredit payments at the time of service.

**ALL PRICES INCLUDE BOTH THE READING AND TECHNICAL FEES.
CALL OUR BILLING OFFICE FOR ADDITIONAL QUOTES : 913-319-8450**

SCHEDULING

Phone: 913-344-9989 | 816-444-9989

Fax: 913-344-9957 | 816-444-9957

www.dic-KC.com

Updated 3/2021