**Fee Schedule Template (Medical Clinic Name)**

**Write Clinic Name here**

Address Here - Phone: 123-456-789-10 - www.youremailaddress@gmail.com

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| **PROCEDURE CODE** | **DESCRIPTION** | **FEE AMOUNT** |
| 1234 | New Patient Consultation | $150.00 |
| 1234 | Routine Physical Exam  | $100.00 |
| 1234 | X-Ray - Chest | $75.00 |
| 1234 | Blood Test - Complete Blood Count (CBC) | $50.00 |
| 1234 | Electrocardiogram (ECG/EKG) | $80.00 |
| 1234 | Vaccination - Influenza  | $30.00 |
| 1234 | Minor Sutured Laceration Repair | $200.00 |
| 1234 | Pulmonary Function Test (Spirometry)  | $120.00 |
| 1234 | Follow-up Telemedicine Consultation | $75.00 |
| 1234 | Allergy Testing - Skin Prick | $90.00 |
| 1234 | Pap Smear  | $85.00 |
| 1234 | Urinalysis  | $25.00 |
| 1234 | Echocardiogram | $200.00 |
| 1234 | MRI - Brain | $450.00 |
| 1234 | Physical Therapy Session  | $150.00 |
| 1234 | Diabetes Management Consultation | $95.00 |
| 1234 | Cast Application  | $70.00 |
| 1234 | Appendectomy  | $1,500.00 |
| 1234 | Knee Arthroscopy  | $1,200.00 |
| 1234 | Nasal Fracture Reduction  | $180.00 |
| 1234 | Colonoscopy - Diagnostic  | $800.00 |
| 1234 | Biopsy - Skin Lesion  | $120.00 |
| 1234 | Vasectomy  | $300.00 |
| 1234 | Cataract Surgery  | $2,500.00 |
| 1234 | Chemotherapy - Initial  | $400.00 |
| 1234 | Physical Examination for Employment  | $75.00 |
| 1234 | Psychotherapy - 45 minutes  | $120.00 |
| 1234 | Bone Density Scan (DEXA)  | $100.00 |
| 1234 | Varicose Vein Stripping  | $700.00 |
| 1234 | Tonsillectomy  | $1,000.00 |
| 1234 | EEG (Electroencephalogram) | $180.00 |
| 1234 | Cardiac Stress Test  | $250.00 |
| 1234 | Endoscopy - Upper GI | $600.00 |
| 1234 | Physical Therapy - 10 sessions  | $1,200.00 |
| 1234 | Sleep Study - Polysomnography | $350.00 |

https://www.schedulesbox.com/