

MCPN Schedule of Fees

The fees for all of MCPN's services will be determined in compliance with the Public Health Service Act Sec. 330. Services included are medical, dental, pharmacy and lab. Each specific service must be included in the schedule of fees.

Schedule of Fees will be reviewed annually and approved by MCPN's Board of Directors.

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 community health center.

If you are not covered by health insurance, you are strongly encouraged to contact Patient Accounts to discuss payment options prior to receiving a health care service from a health care provider at this community health center. Prices might not reflect the actual amount of your financial ability. No patient will be denied services based on an inability to pay. You are encouraged to schedule an appointment with an Outreach & Enrollment Specialist, to determine if you are eligible for a sliding fee discount based on your income and family size, or if you need assistance enrolling in a health insurance program. Please contact the **Customer Care Center at 303.360.6276 (MCPN)** to schedule an appointment.

Most Common Medical Procedure Codes Used:

Medical Code	Procedure Description	Fee
99213	Office Visit, Est Level III	\$ 119.77
99214	Office Visit, Est Level IV	\$ 173.58
99212	Office Visit, New Level II	\$ 93.73
99211	Nurse Visit Only	\$ 65.95
99203	Office Visit, New Level III	\$ 183.15
99204	Office Visit, New Level IV	\$ 261.64
99202	Office Visit, New Level II	\$ 140.63
99215	Office Visit, Est Level V	\$ 277.72
99394	Preventive, Est, (12-17)	\$ 165.18
99383	Initial comprehensive preventive medicine evaluation	\$ 185.83

Most Common Dental Procedure Codes Used:

Dental Code	Procedure Description	Fee
D0603	Caries risk assessment and documentation, with a finding of high risk	\$ -
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	\$ 42.00
D1330	Oral hygiene instructions	\$ 53.00
D0191	Assessment of a patient	\$ 50.00
D1351	Sealant - per tooth	\$ 56.00
D0220	Intraoral - periapical, first film	\$ 30.00
D1120	Prophylaxis - child	\$ 65.00
D0230	Intraoral - periapical, each additional film	\$ 25.00
D2391	Resin-based composite - one surface, posterior	\$ 185.00
D0120	Periodic oral examination	\$ 50.00