

SUMMIT COMMUNITY CARE CLINIC COMMON SERVICES & FEES

CPT	DESCRIPTION	FEE
99202	Office Visit: New Patient, Straightforward	\$209.00
99203	Office Visit: New Patient, Low Complexity	\$296.00
99204	Office Visit: New Patient, Moderate Complexity	\$448.00
99212	Office Visit: Est. Patient, Straightforward	\$145.00
99213	Office Visit: Est. Patient, Low Complexity	\$232.00
99214	Office Visit: Est. Patient, Moderate Complexity	\$328.00
36415	Venipuncture	\$22.00
90471	Immunization Administration	\$21.00
96127	Patient Health Questionnaire	\$53.00
90834	Telehealth Psychotherapy (45 mins)	\$262.00
90832	Telehealth Psychotherapy (30 mins)	\$198.00
90837	Psychotherapy (60 mins)	\$386.00
D1110	Prophylaxis – Adult	\$130.00
D1206	Fluoride Varnish	\$45.00
D0120	Periodic Oral Evaluation	\$68.00
D0150	Comprehensive Oral Evaluation	\$107.00
D2740	Dental Crown	\$2103.00
D0140	Limited Oral Evaluation	\$93.00
D4910	Periodontal Maintenance	\$190.00
D7140	Tooth Extract, Erupted Tooth and/or Exposed Root	\$273.00
D2392	Resin Composite – 2 Surfaces, Posterior	\$352.00
D1120	Prophylaxis – Child	\$85.00
D4342	Periodontal Scale and Root Planing, 1-3th/quad	\$245.00
D1351	Sealant Per Tooth	\$100.00
D2391	Resin Composite – 1 Surface, Posterior	\$276.00
D4341	Periodontal Scale and Root Planing, 4+ per quad	\$305.00