



In accordance with the Transparency in Health Care Prices Act that went into effect January 1, 2018 Peak Pediatrics has provided our 15 most common services and their associated charges. The prices that you see below are only an estimate of the actual charges for the health care service.

If you have 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 out office.

If you do not have health insurance, you are strongly encouraged to contact our office at 303-996-6005 to discuss payment options prior to receiving a health care service from a health care provider at Peak Pediatrics since posted health care prices may not reflect the actual amount of your financial responsibility.

Current Procedural Terminology (CPT)	Description	Price
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)	\$20
90460	Immunization administration through 18 years of age first/only component of each vaccine/toxoid	\$40
90461	Each additional vaccine toxoid component administered	\$30
92551	Basic hearing screening test	\$20
94760	Basic pulse oximetry test; single determination	\$20
96110	Developmental screening (eg, developmental milestone survey, speech, and language delay screen), with scoring and documentation, per standardized instrument	\$50
99000	Specimen handling fee	\$22
99173	Basic vision screening test	\$20
99174	Instrument-based vision screening (eg, photo screening, automated-refraction), with analysis and report	\$90
99213	Office visit for the E&M of an established patient; usually the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/ or family.	\$101
99214	Office visit for the E&M of an established patient; usually the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/ or family.	\$153
99391	Well-Child Exam, age younger than 1 year	\$134
99392	Well-Child Exam, age 1-4 years	\$143
99393	Well-Child Exam, age 5-11 years	\$151
G8510	Screening for depression is documented as negative, follow-up is not required	\$50