

Patient Price List

CPT	Procedure Description	Prompt Pay Price ⁽¹⁾	Direct Pay Price ⁽²⁾	Average (Estimated) Total Price ⁽³⁾
71250	HC DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST	\$329	\$395	\$658
74177	HC COMPUTED TOMOGRAPHY, ABDOMEN & PELVIS; WITH CONTRAST MATERIAL(S)	\$513	\$616	\$1,027
74176	HC COMPUTED TOMOGRAPHY, ABDOMEN & PELVIS; WITHOUT CONTRAST MATERIAL	\$328	\$394	\$656
71260	HC DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST	\$517	\$621	\$1,035
70450	HC CT HEAD OR BRAIN; W/O CONTRAST	\$332	\$398	\$663
71275	HC CT ANGIOGRAPHY CHEST	\$575	\$690	\$1,150
74178	HC CT ABD & PELV 1/> REGNS	\$563	\$675	\$1,125
74174	HC CT ANGIO ABD&PELV W/O&W/DYE	\$1,372	\$1,646	\$2,744
70486	HC CT, MAXILLOFACIAL AREA; W/O CONTRAST	\$327	\$392	\$653
70491	HC CT, SOFT TISSUE NECK; W/CONTRAST	\$505	\$605	\$1,009
75635	HC CT ANGIO ABDOMINAL ARTERIES	\$570	\$684	\$1,140
72131	HC CT, LUMBAR SPINE; W/O CONTRAST	\$327	\$392	\$653
74160	HC CT ABDOMEN; W/CONTRAST	\$505	\$605	\$1,009
76377	HC 3D RENDER W/INTRP POSTPROCES	\$35	\$42	\$70
73700	HC CT, LOWER EXTREMITY; W/O CONTRAST	\$336	\$403	\$672
70498	HC CT ANGIOGRAPHY NECK	\$570	\$684	\$1,140
72125	HC CT, CERVICAL SPINE; W/O CONTRAST	\$327	\$392	\$653
74150	HC CT ABDOMEN; W/O CONTRAST	\$327	\$392	\$653
74170	HC CT ABDOMEN; W/O CONTRAST, FOLLOWED BY CONTRAST	\$563	\$675	\$1,125
73200	HC CT, UPPER EXTREMITY; W/O CONTRAST	\$327	\$392	\$653
72192	HC CT PELVIS; W/O CONTRAST	\$327	\$392	\$653
75571	HC CT HRT W/O DYE W/CA TEST	\$108	\$130	\$216
70470	HC CT HEAD / BRAIN; W/O CONTRAST, FOLLOWED BY CONTRAST, FURTHER SECTIONS	\$563	\$675	\$1,125
70496	HC CT ANGIOGRAPHY HEAD	\$570	\$684	\$1,140
74175	HC CT ANGIOGRAM ABDOMEN WITH CONTRAST INCLUDING NONCONTRAST IMAGES IF DONE	\$570	\$684	\$1,140
72193	HC CT PELVIS; W/CONTRAST	\$505	\$605	\$1,009
73706	HC CT ANGIO LWR EXTR W/O&W/DYE	\$771	\$925	\$1,542
72128	HC CT, THORACIC SPINE; W/O CONTRAST	\$327	\$392	\$653
70490	HC CT, SOFT TISSUE NECK; W/O CONTRAST	\$327	\$392	\$653
73206	HC CT ANGIO UPR EXTRM W/O&W/DYE	\$570	\$684	\$1,140
70480	HC CT, ORBIT/SELLA/POSTERIOR FOSSA OR OUTER/MIDDLE/INNER EAR; W/O CONTRAST	\$327	\$392	\$653
71270	HC CT, THORAX; W/O CONTRAST, FOLLOWED BY CONTRAST	\$563	\$675	\$1,125
73701	HC CT, LOWER EXTREMITY; W/CONTRAST	\$530	\$636	\$1,060
70487	HC CT, MAXILLOFACIAL AREA; W/CONTRAST	\$505	\$605	\$1,009
72194	HC CT PELVIS; W/O CONTRAST, FOLLOWED BY CONTRAST	\$563	\$675	\$1,125

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70481	HC CT, ORBIT/SELLA/POSTERIOR FOSSA OR OUTER/MIDDLE/INNER EAR; W/CONTRAST	\$505	\$605	\$1,009
72132	HC CT, LUMBAR SPINE; W/CONTRAST	\$505	\$605	\$1,009
73201	HC CT, UPPER EXTREMITY; W/CONTRAST	\$505	\$605	\$1,009
74263	HC CT COLONOGRAPHY (IE, VIRTUAL COLONOSCOPY); SCREENING	\$1,055	\$1,265	\$2,109
70482	HC CT ORBIT/EAR/FOSSA W/O&W/DYE	\$563	\$675	\$1,125
70488	HC CT, MAXILLOFACIAL AREA; W/O CONTRAST, FOLLOWED BY CONTRAST	\$563	\$675	\$1,125
70492	HC CT, SOFT TISSUE NECK; W/O CONTRAST, FOLLOWED BY CONTRAST	\$563	\$675	\$1,125
72129	HC CT, THORACIC SPINE; W/CONTRAST	\$505	\$605	\$1,009
72133	HC CT, LUMBAR SPINE; W/O CONTRAST, FOLLOWED BY CONTRAST	\$563	\$675	\$1,125
73202	HC CT, UPPER EXTREMITY; W/O CONTRAST, FOLLOWED BY CONTRAST	\$563	\$675	\$1,125
76376	HC 3D RENDER W/INTRP POSTPROCES	\$335	\$401	\$669
76380	HC CT, LIMITED/LOCALIZED FOLLOW UP STUDY	\$83	\$100	\$166
G0288	HC RECON CT ANGIOGRAPHY AOTRA FOR VASC SURG PLANNING	\$23	\$28	\$46
75571	HC CT HRT W/O DYE W/CA TEST	\$111	\$133	\$221
70460	HC CT, HEAD/BRAIN; W/CONTRAST	\$327	\$392	\$653

The above prices are for radiological procedures performed at HonorHealth Outpatient Medical Imaging Centers. Prices listed do not include professional fees for services of hospital based Radiologists.

⁽¹⁾ **Prompt Pay Price** is the average price a self-pay patient will pay when paid-in-full in advance of having this procedure.

⁽²⁾ **Direct Pay Price** is the average price a self-pay patient will pay when having this procedure. Arrangements can be made to pay over time.

⁽³⁾ **Average (Estimated) Total Price** is the estimated average total charges a person will experience when having this procedure

⁽⁴⁾ Not all services provided at all locations.

Glendale Health & Infusion Center

X-Ray • Ultrasound • Infusions

6220 W. Bell Rd., Suite 110, Glendale, AZ 85308

T: 602.547.7200

Sonoran Health

X-Ray • Dexa • Ultrasound • CT • MRI

33423 N. 32nd Ave., Phoenix, AZ 85035

T: 623.474.1610

Anthem Outpatient Medical Imaging

X-Rays Only

3648 W. Anthem Way, Bldg. A-100, Anthem, AZ 85086

T: 623.434.6474

Tatum Outpatient Medical Imaging

X-Ray • Ultrasound • CT • MRI

18404 N. Tatum Blvd., Suite 103, Phoenix, AZ 85032

T: 602.485.7490

Deer Valley Outpatient Medical Imaging

X-Ray • Dexa • Ultrasound • CT • MRI

19636 N. 27th Ave., Suite LL1, Phoenix, AZ 85027

T: 623.445.6400

Breast Health & Research Center

Mammograms • Ultrasound • MRI

19646 N. 27th Ave., Suite 205, Phoenix, AZ 85027

T: 623.780.HOPE (4673)

John C. Lincoln Outpatient Medical Imaging

X-Ray • Dexa • Ultrasound • CT • MRI

9250 N. Third St., Suite 1002, Phoenix, AZ 85020

T: 602.331.7890