

Patient Price List

CPT	Procedure Description	Prompt Pay Price ⁽¹⁾	Direct Pay Price ⁽²⁾	Average (Estimated) Total Price ⁽³⁾
77067	HC SCR MAMMO BI INCL CAD	\$149	\$179	\$299
77063	HC SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL	\$49	\$59	\$98
77066	HC DX MAMMO INCL CAD BI	\$174	\$209	\$348
77062	HC DIGITAL BREAST TOMOSYNTHESIS; BILATERAL	\$60	\$72	\$120
77065	HC DX MAMMO INCL CAD UNI	\$125	\$150	\$251
77061	HC DIGITAL BREAST TOMOSYNTHESIS; UNILATERAL	\$52	\$63	\$104
72148	HC MRI SPINAL CANAL, LUMBAR; W/O CONTRAST	\$620	\$744	\$1,240
77049	HC MRI, BREAST, W/O & W/CONTRAST MATERIAL(S), INCL CAD IF PERF; BILATERAL	\$537	\$644	\$1,073
73721	HC MRI ANY JOINT OF LOWER EXTREMITY; W/O CONTRAST	\$586	\$703	\$1,172
70553	HC MRI, BRAIN; W/O CONTRAST, FOLLOWED BY CONTRAST	\$920	\$1,104	\$1,839
72141	HC MRI, SPINAL CANAL / CONTENTS, CERVICAL; W/O CONTRAST	\$638	\$765	\$1,276
70551	HC MRI, BRAIN; W/O CONTRAST	\$673	\$807	\$1,346
73221	HC MRI, ANY JOINT OF UPPER EXTREMITY; W/O CONTRAST	\$583	\$700	\$1,167
74183	HC MRI, ABDOMEN; W/O CONTRAST, FOLLOWED BY CONTRAST	\$908	\$1,089	\$1,815
72146	HC MRI, SPINAL CANAL / CONTENTS, THORACIC; W/O CONTRAST	\$628	\$753	\$1,255
72158	HC MRI SPINAL CANAL, LUMBAR; W/O CONTRAST, FOLLOWED BY CONTRAST	\$926	\$1,111	\$1,852
72197	HC MRI PELVIS W/O CONTRAST, FOLLOWED BY CONTRAST	\$937	\$1,124	\$1,873
73718	HC MRI, LOWER EXTREMITY OTHER THAN JOINT; W/O CONTRAST	\$583	\$699	\$1,165
72156	HC MRI NECK SPINE W/O & W/DYE	\$944	\$1,132	\$1,887
73218	HC MRI, UPPER EXTREMITY, OTHER THAN JOINT; W/O CONTRAST	\$644	\$772	\$1,287
74181	HC MRI, ABDOMEN; W/O CONTRAST	\$603	\$723	\$1,205
70544	HC MRA, HEAD; W/O CONTRAST	\$654	\$784	\$1,307
70543	HC MRI ORBT/FAC/NCK W/O & W/DYE	\$967	\$1,161	\$1,934
72157	HC MRI CHEST SPINE W/O & W/DYE	\$898	\$1,078	\$1,796
72195	HC MRI, PELVIS; W/O CONTRAST	\$578	\$693	\$1,155
73720	HC MRI LWR EXTREMITY W/O&W/DYE	\$925	\$1,110	\$1,849
70547	HC MRA, NECK; W/O CONTRAST	\$639	\$767	\$1,279
73723	HC MRI, ANY JOINT LOWER EXTREMITY; W/O CONTRAST, FOLLOWED BY CONTRAST	\$931	\$1,117	\$1,862
73220	HC MRI UPPR EXTREMITY W/O&W/DYE	\$916	\$1,099	\$1,832
71552	HC MRI, CHEST; W/O CONTRAST, FOLLOWED BY CONTRAST	\$898	\$1,078	\$1,796
71550	HC MRI, CHEST; W/O CONTRAST	\$659	\$791	\$1,318
70540	HC MRI ORBIT/FACE/NECK W/O DYE	\$917	\$1,100	\$1,834

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73223	HC MRI, ANY JOINT OF UPPER EXTREMITY; W/O CONTRAST, FOLLOWED BY CONTRAST	\$898	\$1,078	\$1,796
73222	HC MRI, ANY JOINT OF UPPER EXTREMITY; W/CONTRAST	\$736	\$883	\$1,471
70552	HC MRI, BRAIN; W/CONTRAST	\$736	\$883	\$1,471
73722	HC MRI ANY JOINT OF LOWER EXTREMITY; W/ CONTRAST	\$736	\$883	\$1,471
77047	HC MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	\$541	\$649	\$1,082
70543	HC MRI ORBT/FAC/NCK W/O &W/DYE	\$898	\$1,078	\$1,796
C8920	HC MRA W/O FOL W/CONT, PELVIS	\$912	\$1,095	\$1,824
C8902	HC MRA W/O CONTRAST FOLLOWED BY CONTRAST, ABDOMEN	\$995	\$1,194	\$1,989
70336	HC MRI, TEMPOROMANDIBULAR JOINTS	\$578	\$693	\$1,155
70546	HC MRA, HEAD; W/O CONTRAST, FOLLOWED BY CONTRAST	\$1,641	\$1,970	\$3,283
72149	HC MRI, SPINAL CANAL / CONTENTS, LUMBAR; W/CONTRAST	\$736	\$883	\$1,471
70542	HC MRI ORBIT/FACE/NECK W/DYE	\$736	\$883	\$1,471
70549	HC MRA, NECK; W/O CONTRAST, FOLLOWED BY CONTRAST	\$898	\$1,078	\$1,796
C8901	HC MRA W/O CONTRAST, ABDOMEN	\$578	\$693	\$1,155
C8910	HC MRA WO CONTRAST CHEST EXCLUDING MYOCARDIUM	\$578	\$693	\$1,155
C8911	HC MRA W/O CONTRAST FOLLOWED BY CONTRAST, CHEST (EXCL MYOCARDIUM)	\$512	\$614	\$1,023
76498	HC UNLISTED MAGNETIC RESONANCE PROC	\$83	\$100	\$166
70545	HC MRA, HEAD; W/CONTRAST	\$1,395	\$1,674	\$2,790

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

Breast Health & Research Center

Mammograms • Ultrasound • MRI



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19636 N. 27th Ave., Suite LL1, Phoenix, AZ 85027
T: 623.445.6400

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