

Patient Price List

CPT	Procedure Description	Prompt Pay Price <sup>(1)</sup>	Direct Pay Price <sup>(2)</sup>	Average (Estimated) Total Price <sup>(3)</sup>
76506	US NEONATAL HEAD SCAN	\$121	\$157	\$242
76519	US A-SCAN EYE W/ IOL MEASURE BIL	\$241	\$313	\$482
76536	US SOFT TISSUE NECK/HEAD	\$187	\$243	\$374
76604	US PLEURAL EFFUSION	\$413	\$537	\$826
76641	US BREAST COMPLETE UNILATERAL	\$128	\$166	\$255
76642	US BREAST LIMITED UNILATERAL	\$236	\$307	\$472
76700	US ABD COMP	\$187	\$243	\$374
76706	US ABDOMINAL AORTA SCREENING FOR AAA	\$497	\$646	\$994
76770	US RETROPERITONEAL RENAL AORTA COMP	\$187	\$243	\$374
76775	US ABDOMEN LTD/RETRO	\$187	\$243	\$374
76776	US EXAM TRANS KIDNEY W/DOPPLER	\$457	\$593	\$913
76800	US NEONATAL SPINAL CANAL	\$488	\$634	\$975
76801	US OB < 14W	\$187	\$243	\$374
76805	US OB COMP	\$187	\$243	\$374
76815	US OB LTD/FETAL POSITION	\$121	\$157	\$242
76816	US OB FOLLOW-UP EACH FETUS	\$577	\$749	\$1,153
76817	US TRANSVAGINAL OB	\$121	\$157	\$242
76819	US OB BIOPHYS PROFILE W/O NST	\$187	\$243	\$374
76820	US UMBILICAL ARTERY-FETAL DOPPLER	\$166	\$216	\$332
76821	US MID CEREBR ARTERY-FETAL DOPPLR	\$185	\$240	\$369
76830	US TRANSVAGINAL	\$187	\$243	\$374
76856	US PELVIC	\$187	\$243	\$374
76857	US PELVIS LIMITED	\$390	\$506	\$779
76870	US TESTICULAR	\$187	\$243	\$374
76872	US PROSTATE	\$187	\$243	\$374
76881	US XTR NON-VASC COMPLETE	\$306	\$398	\$612
76882	US XTR NON-VASC LIMITED	\$242	\$314	\$483
76885	US NEONATAL HIPS	\$121	\$157	\$242
76942	US GUIDE NDL PLCMT ASP INJ LOCAL S&I	\$173	\$224	\$345
76965	US INTERSTITIAL RADIOELEMENT APPLICATION	\$763	\$991	\$1,525
76998	US INTEROP GUIDE	\$682	\$887	\$1,364

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.

- <sup>(1)</sup> **Prompt Pay Price** is the average price a self-pay patient will pay when paid-in-full in advance of having this procedure.
- <sup>(2)</sup> **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.
- <sup>(3)</sup> **Average (Estimated) Total Price** is the estimated average total charges a person will experience when having this procedure
- <sup>(4)</sup> 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**