

Patient Price List

CPT	Procedure Description	Prompt Pay Price ⁽¹⁾	Direct Pay Price ⁽²⁾	Average (Estimated) Total Price ⁽³⁾
72148	HC MRI SPINAL CANAL, LUMBAR; W/O CONTRAST	\$695	\$904	\$1,390
77049	HC MRI, BREAST, W/O & W/CONTRAST MATERIAL(S), INCL CAD IF PERF; BILATERAL	\$695	\$904	\$1,390
73721	HC MRI ANY JOINT OF LOWER EXTREMITY; W/O CONTRAST	\$695	\$904	\$1,390
72141	HC MRI, SPINAL CANAL / CONTENTS, CERVICAL; W/O CONTRAST	\$695	\$904	\$1,390
70551	HC MRI, BRAIN; W/O CONTRAST	\$695	\$904	\$1,390
73221	HC MRI, ANY JOINT OF UPPER EXTREMITY; W/O CONTRAST	\$695	\$904	\$1,390
72146	HC MRI, SPINAL CANAL / CONTENTS, THORACIC; W/O CONTRAST	\$695	\$904	\$1,390
73718	HC MRI, LOWER EXTREMITY OTHER THAN JOINT; W/O CONTRAST	\$695	\$904	\$1,390
74181	HC MRI, ABDOMEN; W/O CONTRAST	\$695	\$904	\$1,390
72195	HC MRI, PELVIS; W/O CONTRAST	\$695	\$904	\$1,390
70544	HC MRA, HEAD; W/O CONTRAST	\$695	\$904	\$1,390
73218	HC MRI, UPPER EXTREMITY, OTHER THAN JOINT; W/O CONTRAST	\$695	\$904	\$1,390
70547	HC MRA, NECK; W/O CONTRAST	\$695	\$904	\$1,390
71550	HC MRI, CHEST; W/O CONTRAST	\$695	\$904	\$1,390
77047	HC MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	\$695	\$904	\$1,390
C8911	HC MRA W/O CONTRAST FOLLOWED BY CONTRAST, CHEST (EXCL MYOCARDIUM)	\$695	\$904	\$1,390
73225	HC MRA, UPPER EXTREMITY, W OR W/O CONTRAST	\$543	\$706	\$1,086
C8920	HC MRA W/O FOL W/CONT, PELVIS	\$588	\$764	\$1,176
C8909	HC MRA W/CONTRAST, CHEST (EXCL MYOCARDIUM)	\$588	\$764	\$1,176
C8902	HC MRA W/O CONTRAST FOLLOWED BY CONTRAST, ABDOMEN	\$588	\$764	\$1,176
C8900	HC MRA W/CONTRAST, ABDOMEN	\$588	\$764	\$1,176
70336	HC MRI, TEMPOROMANDIBULAR JOINTS	\$664	\$863	\$1,328
C8910	HC MRA WO CONTRAST CHEST EXCLUDING MYOCARDIUM	\$664	\$863	\$1,328
C8901	HC MRA W/O CONTRAST, ABDOMEN	\$664	\$863	\$1,328
70548	HC MRA, NECK; W/CONTRAST	\$736	\$956	\$1,471
71551	HC MRI, CHEST; W/CONTRAST	\$769	\$1,000	\$1,538
73219	HC MRI, UPPER EXTREMITY, OTHER THAN JOINT; W/CONTRAST	\$846	\$1,100	\$1,692
73222	HC MRI, ANY JOINT OF UPPER EXTREMITY; W/CONTRAST	\$846	\$1,100	\$1,692
73719	HC MRI, LOWER EXTREMITY OTHER THAN JOINT; W/CONTRAST	\$846	\$1,100	\$1,692
73722	HC MRI ANY JOINT OF LOWER EXTREMITY; W/ CONTRAST	\$846	\$1,100	\$1,692
74182	HC MRI, ABDOMEN; W/CONTRAST	\$846	\$1,100	\$1,692
72196	HC MRI, PELVIS; W/CONTRAST	\$846	\$1,100	\$1,692
70545	HC MRA, HEAD; W/CONTRAST	\$898	\$1,167	\$1,796
70546	HC MRA, HEAD; W/O CONTRAST, FOLLOWED BY CONTRAST	\$898	\$1,167	\$1,796
70549	HC MRA, NECK; W/O CONTRAST, FOLLOWED BY CONTRAST	\$898	\$1,167	\$1,796
71552	HC MRI, CHEST; W/O CONTRAST, FOLLOWED BY CONTRAST	\$1,033	\$1,342	\$2,065
73220	HC MRI UPPR EXTREMITY W/O&W/DYE	\$1,033	\$1,342	\$2,065
73223	HC MRI, ANY JOINT OF UPPER EXTREMITY; W/O CONTRAST, FOLLOWED BY CONTRAST	\$1,033	\$1,342	\$2,065
73720	HC MRI LWR EXTREMITY W/O&W/DYE	\$1,033	\$1,342	\$2,065
73723	HC MRI, ANY JOINT LOWER EXTREMITY; W/O CONTRAST, FOLLOWED BY CONTRAST	\$1,033	\$1,342	\$2,065
74183	HC MRI, ABDOMEN; W/O CONTRAST, FOLLOWED BY CONTRAST	\$1,033	\$1,342	\$2,065
72197	HC MRI PELVIS W/O CONTRAST, FOLLOWED BY CONTRAST	\$1,033	\$1,342	\$2,065
70540	HC MRI ORBIT/FACE/NECK W/O DYE	\$578	\$751	\$1,155
70552	HC MRI, BRAIN; W/CONTRAST	\$736	\$956	\$1,471
70553	HC MRI, BRAIN; W/O CONTRAST, FOLLOWED BY CONTRAST	\$893	\$1,161	\$1,786
72147	HC MRI, SPINAL CANAL / CONTENTS, THORACIC; W/CONTRAST	\$846	\$1,100	\$1,692



Patient Price List

CPT	Procedure Description	Prompt Pay Price ⁽¹⁾	Direct Pay Price ⁽²⁾	Average (Estimated) Total Price ⁽³⁾
72149	HC MRI, SPINAL CANAL / CONTENTS, LUMBAR; W/CONTRAST	\$846	\$1,100	\$1,692
72156	HC MRI NECK SPINE W/O & W/DYE	\$898	\$1,167	\$1,796
72157	HC MRI CHEST SPINE W/O & W/DYE	\$1,033	\$1,342	\$2,065
72158	HC MRI SPINAL CANAL, LUMBAR; W/O CONTRAST, FOLLOWED BY CONTRAST	\$1,033	\$1,342	\$2,065

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