

Allergy, Asthma and Immunology Center of Alaska, LLC

3841 Piper Street, Suite T4-054 - Anchorage, AK 99508

Tel: 907-562-6228 Fax: 907-562-6868

Office Consultations- New

___ 99243 Detailed, Low Complexity \$440
 ___ 99244 Comprehensive, Moderate Complexity \$605
 ___ 99245 Comprehensive, High Complexity \$700

Office Consultations – New (MEDICARE)

___ 99203 Office or other outpatient visit, Low complexity (30 min) \$310
 ___ 99204 Office or other outpatient visit, Moderate complexity (45 min) \$420
 ___ 99205 Office or other outpatient visit, High complexity (60+ min) \$550

New Patient, Non-Consult

___ 99203 Detailed, Low Complexity \$300
 ___ 99204 Detailed, Moderate Complexity \$407
 ___ 99205 Comprehensive, High Complexity \$540

Established Patient Visit

___ 99212 Expanded, Low Complexity \$148
 ___ 99213 Detailed, Low Complexity \$190
 ___ 99214 Comprehensive, Moderate Complexity \$280
 ___ 99215 Comprehensive, High Complexity \$420

Hospital Consultations

___ 99252 Initial Inpatient Consult, Low \$425
 ___ 99253 Initial Inpatient Consult, Moderate \$560
 ___ 99254 Initial Inpatient Consult, Mod-High \$760
 ___ 99255 Initial Inpatient Consult, High \$860
 ___ 99232 Follow-Up Inpatient Consult, Moderate \$280
 ___ 99233 Follow-Up Inpatient Consult, Extensive \$450

Hospital Consultations (MEDICARE)

___ 99499 Unlisted evaluation and management service \$160
 ___ 99221 Initial hospital care, Low complexity (30 min at bedside) \$530
 ___ 99222 Initial hospital care, Moderate complexity (50 min at bedside) \$650
 ___ 99223 Initial hospital care, High complexity (70 min at bedside) \$900
 ___ 99232 Subsequent hospital care, Moderate complexity \$280

Total Charge: _____

Total Payment: _____

Cash Check # _____ Insurance Credit Card

Patient/ Guardian Signature: _____

I agree to assume all financial obligations for services rendered.

Follow-Up:

___ Dr. Demain ___ Dr. Neeno ___ Dr. Rathkopf ___ Dr. Meier ___ Dr. Moore ___ Bryan ___ Paula

Procedures

___ 95076 Allergen Challenge (ingestion) \$720
 1st 2 hours

___ 95079 Allergen Ingestion Challenge
 every additional 60 min \$370

___ **95004 Prick Aero Allergen** \$16/prick _____
 # of test _____

___ 95024 ID Aero Allergen \$21/ID _____
 # of test _____

___ 95017 ID / Prick Venom \$145/test _____
 # of test _____

___ 95018 ID / Prick Drug \$130/test _____
 # of test _____

___ **95044 Patch Test** \$20/patch _____
 # of test _____

___ **94010 Spirometry** \$210

___ 94060 Pre / Post Bronchodilator \$300

___ 95012 eNO Insight \$80

___ 94640 Nebulizer Therapy \$140

___ 89190 Nasal Smear \$52

___ 87804 Rapid Flu \$80

___ 87880 Rapid Strep \$80

___ 92511 Rhinologyngoscopy \$415

___ 87220 Skin Scraping, KOH \$55

___ 87205 Smear, Primary Source \$52

___ 99000 Specimen Handling \$40

___ 36415 Venipuncture \$42

___ 36000 IV Administration \$170

___ 95028 Delay Hypersensitivity
 # of test _____ \$50

___ 96401 Xolair Injection \$185/vial _____