

**Allergy, Asthma and Immunology Center of Alaska, LLC**

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

Tax ID: 92-0178082 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 \$310  
\_\_\_ 99204 Detailed, Moderate Complexity \$420  
\_\_\_ 99205 Comprehensive, High Complexity \$550

**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. Rathkopf \_\_\_ Dr. Meier \_\_\_ Dr. Moore \_\_\_ Bryan \_\_\_ David \_\_\_ Paula

**Procedures**

\_\_\_ 95076 Allergen Challenge (ingestion) \$720  
1<sup>st</sup> 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 Rhinolaryngoscopy \$415

\_\_\_ 87220 Skin Scraping, KOH \$60

\_\_\_ 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 \_\_\_\_\_