FEE SCHEDULE

PATMOS *Emergiclinic*

1231 Tusculum Blvd.Greeneville, TN 37745 (423) 639-9970

Affordable, quality medical care through payment at time of service

Fed Id # 62-1844830

Name_____ Date _____ TOTAL $_____

Professional Fees ($)

Phlebotomy	5
Nursing only	10
Very simple	30
Simple	40
Intermediate	60
Detailed	80
Complex	100
Appointment per ¼ hr	50
Other _____	

Tests

Blood glucose / urine dip	5
Rapid Strep / Mono	10
Urine pregnancy	10
PPD (TB skin)	10
B chem / CBC / liver panel	20
Lipid panel / PT (protime)	20
Comp chem. / Hgb A1C	25
PSA / TSH	25
Quant serum preg / FSH	30
Urine Culture	40
Other_____	

Clinic Medications

Albuterol-nebs 1st	20
Albuterol additional	10
Ampicillin / Ancef	10
B-12 inj./ Benadryl	10
Bicillin CR- 600,000	25
Bicillin LA-1.2 mil units	40
Celestone	10
Decadron / Solumedrol	10
Depomedrol	15
Diptheria Tetanus tox	25
Humulin 70/30 & Insulin R	5
Ketorolac	10
Nubain	10
Promethazine	10
Rocephin 0.25/0.5/1gm	15/20/25
Other _____	

Discharge Medications

Amoxicillin 500mg #30	5
Atenolol 50mg #30	5
Auroto otic drops 10cc	5
Carisoprodol 300mg #10	5
Carisoprodol 300mg #30	10
Cephalexin 250mg #15	5
Cephalexin 500mg #30	10
Ciprofloxacin 500mg #10	5
Citalopram 20mg #30	5
Clobetasol 0.05% 30gm	10
Doxycycline 100mg	5
Enalapril 5/10/20mg	5
Fluocinonide 0.05% 30gm	5
Fluoxetine 20mg #30	5

Discharge Meds (cont)

Gentamicin eye drops 5cc	5
Glipizide 5mg #30	5
Glipizide 10mg #30	10
HCTZ 25mg #30	5
Ibuprofen 600mg #30	3
Indomethacin 50mg #20	5
Loratadine 10mg #15	2
Meclizine 25mg #30	5
Meloxicam 15mg #30	5
Penicillin VK 500mg #20	10
Phenergan gel syringe	5
Prednisone 20mg #13	5
Promethazine 25m #8	6
Phenazopyridine 200mg #10	3
Ranitidine 300mg #30	5
Tetracaine lollipop	5
Triamcinalone 0.5% 15gm	5
Triam/HCTZ 37.5/25mg #30	5
Trimeth/sulfa DS #10 / #20	5 / 7
Other _____	

Procedures

I & D simple / intermed	95 / 145
I & D complex	175
Skin FB rem sim / com	95 / 145
Burn care sim / inter	95 / 145
Ingrown toe nail rem	150
Drainage subung hema	50
Skin tag removal	50
Simple cut < 1 in	95
Additional inch	25
Intermed cut < 1 in	135
Additional inch	35
Complex cut < 1in	175
Additional inch	50
Wart removal 1,2 / 3-5	95 / 135
Lesion destruction	50
Trigger point inj 4 / 8	25 / 40
Trigger point inj 12 / 16	50 / 60
Excision lesion – simple	125
Excision lesion – intermed	175
Eye FB removal simple	50
Corneal FB removal	125
Corneal abrasion care	75
Foreign body removal ear	75
Earwax removal – one	30
Earwax removal – both	45
Joint injection	50
IV one bag	50
IV additional bag	25
EKG & reading	40
Fiberglass splint	40
Elbow Brace	15
Bath wrist splint	15
Metacarpal splint	15
Finger splint	5
Other _____	

Diagnoses

_____

_____

_____

_____

_____

Discharge Medicines

- See prescriptions provided

_____

_____

_____

_____

_____

_____

_____

Discharge Instructions

_____

_____

_____

_____

If not improving by _____, return here or see your regular physician.

In signing this, I agree that I understand the above instructions. Also, if I am a Medicare beneficiary, I realize that this clinic does not accept Medicare, and I agree ***not*** to bill Medicare for reimbursement.

Sign _____

Witness _____ **Date** _____