

In accordance with Alaska law 7AAC 860.020 & 7AAC 860.030, we are posting the Fee Value for our most common office visit charges & procedures. Note: this is the Fee Value charged, not the negotiated rate for your insurance company. It also may differ from the Cash Pay rate. This is not a guarantee of your visit charges, only an estimate. If you would like to receive a good faith estimate, you must provide in writing to Alaska Family Dermatology, LLC the following:

- 1) Patient's full name
- 2) The Medical Condition or service for which the patient is seeking medical treatment
- 3) The method by which the patient prefers to receive the estimate, including a written letter mailed to the patient, by electronic means, or orally
- 4) The Patient's Contact information, including the patient's mailing address, electronic mail address, or telephone number
- 5) A parent or guardian of a minor patient must provide the above in writing to Alaska Family Dermatology, and in addition:
- 6) The parent or guardian's contact information, including the parent or guardian's mailing address, electronic mail address, or telephone number.

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CPT Code	Description	Fee Value
99202	Office Patient visit New	\$235.00
99203	Office Patient visit New	\$295.00
99242	Office Consultation/Referral	\$295.00
99243	Office Consultation/Referral	\$325.00
99212	Office Visit established	\$150.00
99213	Office Visit established	\$205.00
17110	Destruction Benign lesion 1-14	\$250.00
17000	Destruction premalignant lesion	\$191.00
11102	Tangential biopsy of skin (shave)	\$295.00