

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.

"CPT©2021. American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. The CPT codes are provided 'as is' without warranty of any kind. The AMA specifically disclaims all liability for use or accuracy of any CPT codes."

CPT Code	Description	Fee Value
99202	Office Patient visit New	\$259.00
99203	Office Patient visit New	\$325.00
99242	Office Consultation/Referral	\$325.00
99243	Office Consultation/Referral	\$358.00
99212	Office Visit established	\$165.00
99213	Office Visit established	\$226.00
17110	Destruction Benign lesion 1-14	\$303.00
17000	Destruction premalignant lesion	\$230.00
11102	Tangential biopsy of skin (shave)	\$325.00