



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	\$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