

	Providence Imaging Center		
	www.provimaging.org		
cpt	Procedure	PIC 2022 undiscounted price	
77067	MAM TOMOSYN SCREENING BILATERAL	\$526	537
71046	XR CHEST PA AND LATERAL	\$197	201
77080	DEXA BONE DENSITY STUDY	\$431	440
77066	DIAGNOSTIC MAMMOGRAM BILATERAL	\$446	455
70553	MRI BRAIN WITH AND WITHOUT CONTRAST	\$3,249	3314
77065	DIAGNOSTIC MAMMOGRAM UNILATERAL	\$347	354
76700	ULTRASOUND COMPLETE ABDOMINAL EXAM	\$2,365	2412
76642	US BREAST LIMITED UNILATERAL	\$1,104	1126
78815	PET WITH CT - SKULL TO MID-THIGH	\$6,854	6991
71250	CT THORAX WITHOUT CONTRAST	\$1,400	1428
	https://go.dhss.ak.local/pub/home/dph/VitalStats/Pages/transparency.aspx		
The undiscounted prices for health care services described in this list may be higher or lower than the amount an individual will pay			
You will be provided with an estimate of anticipated charges for our nonemergency care upon request. Please do not hesitate to ask for information.			

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