

Native Village of Eyak Ilanka Community Health Center

The undiscounted price may be higher or lower than the amount an individual actually pays for the health care services described in this list. You will be provided with an estimate of the anticipated charges for your nonemergency care upon request.

Please do not hesitate to ask for information.

Primary Care Services

Any visit, appointment, or consultation that involves a standard medical examination and/or requires any medical decision making to assess, diagnose, and treat a medical condition or issue.

99201	\$190	OFFICE OUTPATIENT VISIT NEW* PATIENT 10 MINUTES
99202	\$237	OFFICE OUTPATIENT VISIT NEW* PATIENT 20 MINUTES
99203	\$308	OFFICE OUTPATIENT VISIT NEW* PATIENT 30 MINUTES
99204	\$440	OFFICE OUTPATIENT VISIT NEW* PATIENT 45 MINUTES
99205	\$594	OFFICE OUTPATIENT VISIT NEW* PATIENT 60 MINUTES
99211	\$113	OFFICE OUTPATIENT VISIT ESTABLISHED PATIENT 5 MINUTES
99212	\$160	OFFICE OUTPATIENT VISIT ESTABLISHED PATIENT 10 MINUTES
99213	\$205	OFFICE OUTPATIENT VISIT ESTABLISHED PATIENT 15 MINUTES
99214	\$297	OFFICE OUTPATIENT VISIT ESTABLISHED PATIENT 25 MINUTES
99215	\$475	OFFICE OUTPATIENT VISIT ESTABLISHED PATIENT 40 MINUTES

Preventative Primary Care

Preventive medicine re-evaluation and management, including age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions; and the ordering of appropriate immunization(s), screening laboratory/diagnostic procedures.

99381	\$300	INITIAL PREVENTIVE MEDICINE VISIT, NEW* PATIENT <1 YEAR
99382	\$323	INITIAL PREVENTIVE MEDICINE VISIT, NEW* PATIENT AGE 1-4 YRS
99383	\$346	INITIAL PREVENTIVE MEDICINE VISIT, NEW* PATIENT AGE 5-11 YRS
99384	\$369	INITIAL PREVENTIVE MEDICINE VISIT, NEW* PATIENT AGE 12-17 YR
99385	\$500	INITIAL PREVENTIVE MEDICINE VISIT, NEW* PATIENT AGE 18-39 YRS
99386	\$546	INITIAL PREVENTIVE MEDICINE VISIT, NEW* PATIENT 40-64 YRS

Fee schedules are prepared to be consistent with locally prevailing rates and intended to support reasonable costs of operation.

Preventative Primary Care, cont.

99387	\$615	INITIAL PREVENTIVE MEDICINE VISIT, NEW* PATIENT GREATER THAN 65 YRS&>
99391	\$246	PERIODIC PREVENTIVE MEDICINE VISIT, ESTABLISHED PATIENT <1Y
99392	\$261	PERIODIC PREVENTIVE MEDICINE VISIT, ESTABLISHED PATIENT 1-4YRS
99393	\$285	PERIODIC PREVENTIVE MEDICINE VISIT, ESTABLISHED PATIENT 5-11YRS
99394	\$308	PERIODIC PREVENTIVE MEDICINE VISIT, ESTABLISHED PATIENT 12-17YRS
99395	\$415	PERIODIC PREVENTIVE MEDICINE VISIT, ESTABLISHED PATIENT 18-39 YRS
99396	\$454	PERIODIC PREVENTIVE MEDICINE VISIT, ESTABLISHED PATIENT 40-64YRS
99397	\$515	PERIODIC PREVENTIVE MEDICINE VISIT, ESTABLISHED PATIENT 65 YRS & OLDER

Behavioral Health

90785	\$47	PSYCHOTHERAPY COMPLEX INTERACTIVE
90791	\$452	PSYCHIATRIC DIAGNOSTIC EVALUATION
90832	\$180	PSYCHOTHERAPY WITH PATIENT 30 MINUTES
90834	\$226	PSYCHOTHERAPY WITH PATIENT 45 MINUTES
90837	\$284	PSYCHOTHERAPY WITH PATIENT 60 MINUTES
90839	\$350	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES
90840	\$137	PSYCHOTHERAPY FOR CRISIS EACH ADDITIONAL 30 MINUTES
90845	\$387	PSYCHOANALYSIS
90846	\$256	FAMILY PSYCHOTHERAPY WITHOUT PATIENT PRESENT 50 MINS
90847	\$272	FAMILY PSYCHOTHERAPY WITH PATIENT PRESENT 50 MINS
90849	\$325	MULTIPLE FAMILY MEMBERS GROUP PSYCHOTHERAPY
90853	\$207	GROUP PSYCHOTHERAPY

Ultrasound

76801	\$801	US PREGNANT UTERUS 14 WK TRANSABDOMINAL 1ST GESTATION
76805	\$801	US PREG UTERUS AFTER 1ST TRIMEST 1/1ST GESTATION
76817	\$678	US PREG UTERUS REAL TIME WITH IMAGE DOCUMENTATION TRANSVAGINAL
76830	\$722	US TRANSVAGINAL
76856	\$632	US PELVIC NON-OBSTETRIC REAL-TIME IMAGE COMPLETE
76857	\$578	US PELVIC NON-OBSTETRIC IMAGE DOCUMENTATION LIMITED/FOLLOW-UP

Procedures

2000F	\$0	BLOOD PRESSURE CHECK - FREE
2001F	\$0	WEIGHT RECORDED - FREE
10060	\$476	INCISION & DRAINAGE ABSCESS SIMPLE/SINGLE
17110	\$412	DESTRUCTION BENIGN LESIONS UP TO 14
20610	\$437	ARTHROCENTESIS ASPIRATION&/INJECTION MAJOR JOINT/BURSA WITHOUT ULTRASOUND
36415	\$43	COLLECTION VENOUS BLOOD VENIPUNCTURE
36416	\$41	COLLECTION CAPILLARY BLOOD SPECIMEN
58300	\$701	INSERTION INTRAUTERINE DEVICE (IUD)
58301	\$596	REMOVAL INTRAUTERINE DEVICE (IUD)
96372	\$90	SUBQ/IM THERAPEUTIC/PROPHYLACTIC/DIAGNOSTIC INJECTION
51702	\$748	INSERTION OF TEMPORARY NON-INDWELLING BLADDER CATHETER SIMPLE

Lab Services

80053	\$119	COMPREHENSIVE METABOLIC PANEL
80305	\$66	URINE DRUG SCREEN
81002	\$45	URINALYSIS DIPSTICK MANUAL WITHOUT MICRO
81025	\$84	URINE PREGNANCY TEST
83036	\$90	HEMOGLOBIN A1C
85018	\$36	HEMOGLOBIN
86580	\$53	TUBERCULOSIS SKIN TEST INTRADERMAL
85651	\$54	SEDIMENTATION RATE RBC NON-AUTOMATED
87804	\$94	RAPID INFLUENZA TEST
87880	\$94	RAPID STREP A TEST
	\$0	STD SCREENING – FREE (SPECIMENS SENT TO STATE OF ALASKA LABORATORY)
80053	\$119	COMPREHENSIVE METABOLIC PANEL

Vaccines

90471	\$95	VACCINE SUBQ/IM ADMINISTRATION FEE (1 ST)
90472	\$45	VACCINE SUBQ/IM ADMINISTRATION FEE (ADDITIONAL)
90686	\$0	FLU VACCINE - STATE SUPPLIED – 3 YEARS AND UP
90685	\$89	FLU VACCINE – PRESERVATIVE FREE – PRIVATE – 6 – 35 MONTHS
90715	\$97	TDAP VACCINE – PRIVATE – 7 YEARS AND UP
90750	\$143	ZOSTER VACCINE (SHINGRIX)
90707	\$162	MEASLES MUMPS RUBELLA VIRUS VACCINE
90716	\$237	VARICELLA VACCINE
90696	\$177	DTAP-IPV VACCINE (KINRIX) - 4 – 6 YEARS

Sliding Fee Discount

The sliding fee discount is designed to help cover your out-of-pocket expenses.

Eligibility is based on household size and income. This discount can be used in conjunction with other Health Insurance programs.

Example of eligibility:

Income for 1 person to receive discounts or Nominal Fee can range from \$15,950 to \$31,900 per year.

Income for a family of 4 can range from \$32,750 to \$65,500

Medications and Lab work can range from \$0 to \$15

To see a full list of the discounts and eligibility requirements please go to www.aslkfkafskdlksldakhg.com

Prompt Pay Discount

ICHC offers patients a 20% discount when estimated fees are paid for at the time of the visit.

Payment Plans

Payment plans are available. Please contact us at 907-424-3622 to inquire about setting up a payment plan.

The Ilanka Community Health Center takes all types of insurances. We are a Preferred Provider for the following Insurances:

Aetna Us Healthcare
Blue Cross Blue Shield
Exam One
First Choice Health
Ladies First
Logistics Health

Medicaid
Medicare
Multiplan/Beechstreet
National Rural Electric Coop Association
Qualis Health
Veterans Administration