



**** Below are cost estimates for the top 15 exams performed by PENRAD Imaging**

Self-pay costs noted below are estimates.

Actual charges are dependent on specific circumstances at the time service is rendered.

CPT Code	Exam Description	Self-Pay Cost (Full Payment Due at Time of Service)
71046	XR Chest PA and Lateral *	\$60
76642	Ultrasound breast limited, unilateral	\$116
77080	DEXA Bone Densitometry	\$125
76536	Ultrasound Soft Tissue Head and Neck	\$144
76700	Ultrasound Abdomen Complete	\$176
77067	Screening Mammography, Digital Image, including CAD, Bilateral	\$190
77065	Diagnostic Mammography, Digital Image, including CAD, Unilateral	\$208
77066	Diagnostic Mammography, Digital Image, including CAD, Bilateral	\$260
74177	CT Abdomen, Pelvis w Contrast	\$475
72148	MRI Spine Lumbar w/o Contrast	\$650
70551	MRI Brain w/o Contrast	\$650
73721	MRI Lower Extremity Any Joint w/o Contrast	\$650
72141	MRI Spine Cervical w/o Contrast	\$650
73221	MRI Upper Extremity Any Joint w/o Contrast	\$650
70553	MRI Brain w, w/o Contrast	\$750