CPT Code	Exam Description	Self-Pay Cost (Full payment at time of service)
70551	MRI Brain w/o Contrast	$800.00
70553	MRI Brain w, w/o Contrast	$1,000.00
71046	XR Chest 2 views	$63.00
71250	CT Chest w/o Contrast	$380.00
72141	MRI Spine Cervical w/o Contrast	$800.00
72148	MRI Spine Lumbar w/o Contrast	$800.00
73221	MRI Upper Extremity Any Joint w/o Contrast	$800.00
73721	MRI Lower Extremity Any Joint w/o Contrast	$800.00
76536	US Soft Tissue Head and Neck	$197.40
76642	US breast limited, unilateral w/image documentation, incl. axilla when performed	$132.00
76705	US Abdomen Limited	$155.40
76830	US Transvaginal	$693.00
77063	MG Screening digital breast tomosynthesis, bilateral	$105.00
77067	Screening Mammography, Digital Image, including CAD, Bilateral	$204.00
77080	DEXA Bone Densitometry	$140.00