FEES FOR UNINSURED SERVICES

ASSESSMENTS:		FEES
A475A	Consultation	$300
A765A	Consultation (16 or under)	$300
A470A	Comprehensive Respiratory Disease Consultation	$600
A4763A	Repeat Consultation	$200
A473A	Medical Specific Assessment	$150
A474A	Medical Specific Re-Assessment	$125
A471A	Complex Medical Re-Assessment	$150
A478A	Partial Assessment	$75
E078A	Chronic Disease Premium	Add 50%

PULMONARY FUNCTION TESTING:		FEES
J304A	Flow Volume Loop—Technical	$40
J304C	Flow Volume Loop—Professional	$20
J327A	Repeat after bronchodilator—Technical	$ 5
J327C	Repeat after bronchodilator—Professional	$15
J306B	Airways resistance by plethysmography--Tech	$30
J306C	Airways resistance by plethysmography—Prof	$30
J307B	Functional Residual Capacity by plethysmography—Tech	$35
J307C	Functional Residual Capacity by plethysmography –Prof	$35
J310B	Carbon monoxide diffusing capacity—Technical	$40
J310C	Carbon monoxide diffusing capacity—Professional	$40
J311B	Functional Residual Capacity by gas dilution method –Tech	$35
J311C	Functional Residual Capacity by gas dilution method—Prof	$35
J340B	Maximum inspiratory and expiratory pressure—Tech	$ 5
J340C	Maximum inspiratory and expiratory pressure—Prof	$ 5
J323B	Oxygen saturation at rest	$10

ALLERGY SKIN TESTING		
G209A	Technical component	$1.50 each test
G197A	Professional component	$0.75 each test