



# - Self-Pay Pricing -

Please note that payment is required at the time of service.

## MRI

Description	Price
MRI BRAIN WO CONTRAST	\$500.00
MRI BRAIN W/WO CONTRAST	\$600.00
MRI CERVICAL SPINE WO CONTRAST	\$500.00
MRI CERVICAL SPINE W/WO CONTRAST	\$600.00
MRI THORACIC SPINE WO CONTRAST	\$600.00
MRI THORACIC SPINE W/WO CONTRAST	\$700.00
MRI LUMBAR SPINE WO CONTRAST	\$500.00
MRI LUMBAR SPINE W/WO CONTRAST	\$600.00
MRI UPPER/LOWER EXTREMITY JOINT WO CONTRAST	\$600.00
MRI UPPER/LOWER EXTREMITY JOINT W/WO CONTRAST	\$700.00

## Ultrasound

Description	Price
ULTRASOUND ABDOMEN WITH DOPPLER	\$400.00
ULTRASOUND SOFT TISSUE NECK/THYROID	\$200.00
CAROTID DOPPLER	\$400.00
ULTRASOUND KIDNEY	\$200.00
ULTRASOUND BLADDER	\$100.00
ULTRASOUND PELVIC	\$200.00
ULTRASOUND TRANSVAGINAL WITH DOPPLER	\$400.00
ULTRASOUND TESTICULAR WITH DOPPLER	\$400.00
VENOUS DOPPLER BILATERAL	\$400.00
VENOUS DOPPLER UNILATERAL	\$250.00
ECHOCARDIOGRAM	\$550.00

## Screening Services

Description	Price
BODY COMPOSITION SCAN*	\$150.00 initial scan \$100.00 follow up scans
CT CARDIAC SCORING	\$125.00
CT LUNG SCREENING	\$250.00
SCREENING MAMMOGRAM WITH 3D	\$200.00

\*Only done at Prospect and Southbury

## CAT Scan

Description	Price
CT ABDOMEN WO IV CONTRAST	\$400.00
CT ABDOMEN W IV CONTRAST	\$500.00
CT ABDOMEN W/WO IV CONTRAST	\$500.00
CT ABDOMEN & PELVIS WO IV CONTRAST	\$400.00
CT ABDOMEN & PELVIS W IV CONTRAST	\$500.00
CT ABDOMEN & PELVIS W/WO IV CONTRAST	\$500.00
CT PELVIS WO IV CONTRAST	\$400.00
CT PELVIS W IV CONTRAST	\$500.00
CT PELVIS W/WO IV CONTRAST	\$500.00
CT CHEST WO CONTRAST	\$400.00
CT CHEST W CONTRAST	\$500.00
CT CHEST W/WO CONTRAST	\$500.00
CT LUNG SCREENING	\$250.00
CT CARDIAC SCORING	\$125.00
CT HEAD/BRAIN WO CONTRAST	\$400.00
CT HEAD/BRAIN W/WO CONTRAST	\$500.00
CT SINUS WO CONTRAST	\$400.00
CT IAC'S WO CONTRAST	\$400.00
CT IAC'S W CONTRAST	\$500.00
CT CERVICAL SPINE WO CONTRAST	\$400.00
CT CERVICAL SPINE W CONTRAST	\$500.00
CT THORACIC SPINE WO CONTRAST	\$400.00
CT THORACIC SPINE W CONTRAST	\$500.00
CT LUMBAR SPINE WO CONTRAST	\$500.00
CT LUMBAR SPINE W CONTRAST	\$600.00

## General X-Ray

Description	Price
CHEST 2 VIEW	\$45.00
KNEE 3 VIEW	\$60.00
LUMBOSACRAL SPINE 2 OR 3 VIEW	\$75.00
LUMBOSACRAL SPINE 4 VIEW	\$80.00
SHOULDER COMPLETE	\$60.00
HAND 3 VIEWS	\$60.00
WRIST COMPLETE	\$60.00
ABDOMEN SINGLE VIEW	\$50.00
HIP UNILATERAL 2-3 VIEWS	\$75.00
HIPS BILATERAL 3-4 VIEWS	\$75.00
FOOT COMPLETE	\$60.00
ANKLE COMPLETE	\$50.00
CERVICAL SPINE 2 OR 3 VIEWS	\$60.00
CERVICAL SPINE 4 OR 5 VIEWS	\$60.00
THORACIC SPINE 3 VIEWS	\$60.00
SACRUM AND COCCYX	\$50.00
TIBIA/FIBULA 2 VIEWS	\$50.00
FINGER(S) MINIMUM 2 VIEWS	\$60.00
ELBOW COMPLETE	\$50.00
RIBS UNILATERAL WITH SINGLE VIEW CHEST	\$65.00
RIBS BILATERAL WITH SINGLE VIEW CHEST	\$90.00
BONE AGE STUDY	\$50.00
CLAVICLE COMPLETE	\$50.00

## Breast

Description	Price
DIGITAL SCREENING MAMMOGRAM WITH 3D	\$200.00
DIGITAL DIAGNOSTIC BILATERAL MAMMOGRAM WITH 3D	\$250.00
DIGITAL DIAGNOSTIC UNILATERAL MAMMOGRAM WITH 3D	\$200.00
SCREENING BILATERAL BREAST ULTRASOUND	\$200.00
UNILATERAL BREAST ULTRASOUND	\$150.00
MRI BREAST BILATERAL W/WO	\$700.00
MRI BREAST UNILATERAL W/WO	\$700.00