



Self-Pay Cost Estimate

Name of Patient: _____ MR# _____

Date of Service: _____

Welcome

Thank you for choosing Ogden Clinic for your healthcare needs. We are committed to transparency for the cost of healthcare services. As part of this commitment, we are providing an estimate of cost for your healthcare services. Actual costs may be higher or lower, depending on many factors. These factors include changes to treatment choices, actual services provided, any complications that may arise and any other factors considered when determining charges.

Estimates are based on information provided before your visit to Ogden Clinic. Estimates are not a guarantee of the actual cost for the services to be provided to you or are they a contract for the actual amount to be paid.

Estimated Charges

I acknowledge that I/or my dependent is having medical care or receiving medical supplies. I understand that the pricing information below is only an estimate and that additional fees may result during the treatment. I acknowledge that I will be responsible for the actual amount charged based on the services received.

	New Patient	Existing Patient	
Office Visit	\$111 to \$254	\$83 to \$182	Varies by complexity
Preventive Office Visit	\$159 to \$237	\$142 to \$195	Varies by age
Lab Services	See most common services on next page		
Radiology Services	See most common services on next page		
Vaccinations	Varies by vaccine type. \$25 - \$350 per vaccine		
IUD Devices	\$900 - \$1,100 for device		
Injectibles	See common injectibles on next page		

Guarantor (Please Print) _____

Guarantor Signature _____ Date _____

