

Student Price List

Description	Self-Pay Patient Rate‡
Medical Visits	
<i>Additional charges may apply based on lab orders, diagnostic tests, medications, treatments and other services.</i>	
Office Visit for a Problem or Illness (<i>new patient</i>)	\$40.00 - \$125.00
Office Visit for a Problem or Illness (<i>established patient</i>)	\$31.00 - \$101.00
Physical Examinations / Preventative Visits	
<i>Additional charges may apply based on lab orders, diagnostic tests, medications, treatments and other services.</i>	
<i>Not for a problem or illness.</i>	
New Patient (Age 18 - 39)	\$54.00
New Patient (Age 40 - 64)	\$62.00
Established Patient (18 - 39)	\$49.00
Established Patient (40 - 64)	\$52.00
Nutrition Services	
Nutritionist Visit (<i>Initial encounter, 60 minute visit</i>)	\$40.00
Nutritionist Visit (<i>Follow-Up Encounter, 15 - 30 minute visit</i>)	\$20.00
Psychiatry Services	
<i>Services provided by affiliate Mantra Health (Telehealth Psychiatry Provider)</i>	
New Patient Visit, Initial Encounter and Assessment (<i>initial visit</i>)	\$50.00
Established Patient Encounter (<i>follow-up visit</i>)	\$25.00
Annual Well-Women Examination & Women's Health	
<i>Additional charges may apply based on lab orders, diagnostic tests, medications, treatments and other services.</i>	
Kyleena® (levonorgestrel-releasing) Intrauterine Contraceptive System	\$1,458.00
Mirena® (levonorgestrel-releasing) Intrauterine Contraceptive System	\$1,458.00
Skylla® (levonorgestrel-releasing) Intrauterine Contraceptive System	\$1,214.00
Paragard® Copper Intrauterine Contraceptive System	\$1,367.00
IUD, Insertion	\$47.00
IUD, Removal	\$61.00
<i>Patient assistance programs may be available for intrauterine devices (IUD)</i>	
Nexplanon® (Etonogestrel Implant 68mg)	\$1,688.00
Insertion, non-biodegradable drug delivery implant	\$57.00
Removal, non-biodegradable drug delivery implant	\$62.00
Removal with reinsertion, non-biodegradable drug delivery implant	\$80.00
Pap Smear (with technician and pathologist interpretation)	\$36.00
Pap Smear (with technician and pathologist interpretation) with Reflex to HPV	\$94.00
Medroxyprogesterone (Depo-Provera) (<i>per dose</i>)	\$99.00
Emergency Contraception	\$12.00
Immunizations	
Immunization, Administration Charge (<i>initial immunization</i>)	\$10.00
Immunization, Administration Charge (<i>each additional immunization</i>)	\$8.00
Hepatitis B (<i>per dose</i>)	\$62.00
HPV (Gardasil®9) (<i>per dose</i>)	\$369.00
Measles/Mumps/Rubella (MMR) (<i>per dose</i>)	\$111.00
Meningococcal Meningitis	\$166.00
Tetanus/Diphtheria/Pertussis (Tdap)	\$57.00
Influenza (Flu) Inactivated Vaccine (<i>Registered Student</i>)	\$0.00
Therapeutic (Medication) Injections	
Therapeutic, Prophylactic Injection, Administration Charge	\$10.00
Bicillin-LA (Penicillin G Benzathine) (<i>1.2 million units - 1 dose</i>)	\$300.00
Methylprednisolone (Depo-Medrol) 80mg	\$16.00

Prices current as of 08/16/2025, subject to change.

‡ Self-Pay Rate prices are subsidized by the per credit hour health fee.

Student Price List

Description	Self-Pay Patient Rate‡
Epinephrine injection, 0.3mg	\$13.00
Epinephrine injection, 0.5mg	\$13.00
Ceftriaxone (Rocephin), per 250mg	\$5.00
Ketorolac, injection, per 15mg	\$5.00
Diphenhydramine, injection, up to 50mg	\$5.00
Medication Dispensing Fee	
<i>SHS offers select medications dispensed in-clinic for your convenience. These charges are not eligible to be billed to insurance and will be charged to your student account.</i>	
Each In-House Prescription Dispensed	\$12.00
Medical Supplies	
Compression (ACE® Style) Bandage 2", 3", 4" or 6" (each)	\$5.00
Ankle, Figure 8 Style, Ossur Form Fit	\$29.00
Ankle, Support	\$39.00
Crutches, Youth	\$24.00
Crutches, Adult	\$26.00
Crutches, Adult Tall	\$29.00
Elbow, Sleeve	\$12.00
Finger, Splint, Frog Type 2.75" or 3" (each)	\$5.00
Finger, Sprint, Padded 1.5", 2.5" or 3.5" (each)	\$5.00
Knee, Elastic Support, Pull-On	\$6.00
Knee, Reddie Brace - Small	\$39.00
Knee, Reddie Brace - Medium	\$38.00
Knee, Reddie Brace - Large	\$39.00
Knee, Reddie Brace - Extra Large	\$33.00
Shoe, Post-Op, Mesh Top	\$12.00
Sling, Deep Pocket	\$7.00
Thumb, Stabilizer	\$33.00
Wrist, Comfort Form	\$7.00
Procedures	
Avulsion of Nail Plate (partial or complete)	\$62.00
Avulsion of Nail Plate (each additional)	\$18.00
Destruction, Molluscum/Warts (1 - 14 lesions)	\$61.00
Ear Irrigation, Lavage, Removal of Impacted Cerumen (Ear Wax)	\$8.00
Electrocardiogram (ECG)	\$8.00
Excision, Benign Lesion 0.5 cm or less, Trunk, Arm, or Leg	\$70.00
Excision, Benign Lesion 1.1 to 2 cm, Scalp, Neck, Hand, or Foot	\$99.00
Laceration Repair, Facial, 2.5 cm or less	\$63.00
Laceration Repair, Facial, 2.6 to 5.0 cm	\$66.00
Laceration Repair, Facial, 5.1 to 7.5 cm	\$80.00
Laceration Repair, 2.5 cm or less	\$52.00
Laceration Repair, 2.6 to 7.5 cm	\$64.00
Laceration Repair, 7.6 to 12.5 cm	\$75.00
Incision and Drainage, Hematoma/Seroma Fluid	\$94.00
Incision and Drainage, Skin Abscess	\$70.00
Incision and Drainage, Bartholin's Gland	\$102.00
Incision and Drainage, Pilonidal Cyst	\$133.00
Incision and Drainage, Vulver or Perineal Abscess	\$82.00
Nail, Ingrown Toenail Removal (Permenant)	\$88.00

Prices current as of 08/16/2025, subject to chage.

‡ Self-Pay Rate prices are subsidized by the per credit hour health fee.

Student Price List

Description	Self-Pay Patient Rate†
Nail, Partial Nail Removal (Not Permanent) Finger/Toe	\$18.00
Nail, Partial Nail Removal (Each Additional) Finger/Toe	\$18.00
Eye, Fluorescein	\$5.00
Eye, Irrigation	\$16.00
Nebulizer Treatment	\$4.00
Spirometry	\$15.00
Spirometry, Pre and Post Bronchodilator	\$21.00
Suture or Staple Removal	\$6.00
Wound Care, Debridement of Infected Skin	\$32.00
Wound Care, General	\$32.00
Venipuncture, Blood Draw	\$10.00
In-House Laboratory Services	
Influenza A+B & COVID-19 Antigen Combination Test	\$40.00
Mononucleosis (Mono) Test	\$5.00
Glucose Finger Stick Test	\$5.00
Pregnancy Test	\$5.00
Step, Rapid Test	\$10.00
Urinalysis, Dipstick	\$4.00
Vaginal Wet Prep	\$3.00
Wet Mount and KOH Prep	\$5.00
Send Out Lab Services	
17-Hydroxypregnenolone	\$5.00
17-OHprogesterone/Lc/Ms	\$35.00
A-1 Antitrypsin Quantitative	\$23.00
Abo Group	\$10.00
Abo Group And Rh Type	\$19.00
Acetylcholine Receptor Ganglionic (Alpha 3) Antibody	\$666.00
Alanine Aminotransferase (Alt)	\$5.00
Albumin, 24-Hour Urine Without Creatinine	\$10.00
Albumin, Random Urine With Creatinine	\$17.00
Albumin, Timed Urine	\$10.00
Aldosterone/Lc/Ms	\$39.00
Aldosterone/Plasma Renin Activity Ratio Lc/Ms/Ms	\$105.00
Alpha 1 Antitrypsin, Quantitative	\$34.00
Alpha-Gal Panel Lab	\$51.00
Alpha-Thalassemia Evaluation	\$309.00
Amylase	\$11.00
Ana Screen, Ifa W/Reflex To Titer And Pattern (Refl)	\$11.00
Ana w/Reflex	\$7.00
Aspartate Aminotransferase (Ast)	\$5.00
Bacterial Vaginosis/Vaginitis Panel	\$91.00
Basic Metabolic Panel	\$5.00
Beta-Globin Complete (W/ Reflex)	\$1,068.00
Bilirubin, Total	\$5.00
Bilirubin, Fractionated	\$5.00
Bv Dna, Qnt Real-Time Pcr	\$95.00
C Diff Toxin W/Refl	\$56.00
Calcium	\$5.00

Prices current as of 08/16/2025, subject to change.

† Self-Pay Rate prices are subsidized by the per credit hour health fee.

Student Price List

Description	Self-Pay Patient Rate†
Calcium, Ionized	\$18.00
Calprotectin, Stool	\$124.00
Campylobacter, Culture	\$13.00
Catecholamines, Fract, 24-Hour Urine With Creatinine	\$126.00
Cbc (H/H, Rbc, Indices, Wbc, Plt)	\$5.00
Cbc (Includes Differential And Platelets)	\$5.00
Celiac Disease Comprehensive Panel	\$67.00
Ceruloplasmin	\$22.00
Chlamydia Trachomatis Rna, Tma, Rectal	\$22.00
Chlamydia, Rna, Tma, Throat	\$22.00
Chlamydia/Gc, Rna, Tma Throat	\$0.00
Chlamydia/Gonorrhoeae Rna, Tma, Rectal	\$0.00
Chlamydia/N. Gonorrhoeae Rna, Tma	\$0.00
Cholesterol, Total	\$5.00
Clostridium Difficile Toxinb,QI Real Time Pcr	\$75.00
Complement Component C3C	\$42.00
Complement Component C4C	\$49.00
Complement, Total (Ch50)	\$28.00
Comprehensive Metabolic Panel	\$5.00
Cortisol, A.M.	\$26.00
Cortisol, P.M.	\$26.00
Cortisol, Total	\$26.00
C-Reactive Protein (Crp)	\$16.00
Creatine Kinase (Ck), Total	\$20.00
Creatinine, Random Urine	\$7.00
Cryptococcus Antigen, Latex Screen With Reflex To Titer	\$142.00
Crystals, Synovial Fluid	\$144.00
Culture, Aerobic And Anaerobic W/ Gram Stain	\$70.00
Culture, Aerobic And Anaerobic W/Gram Stain	\$5.00
Culture, Aerobic Bacteria	\$29.00
Culture, Blood	\$22.00
Culture, Genital	\$15.00
Culture, Throat	\$11.00
Culture, Urine, Routine	\$9.00
Cystatin C W/ Glomerular Filt. Rate, Estimated (Egfr)	\$174.00
Cyto,Thinprep Pap	\$36.00
Dhea Sulfate, Immunoassay	\$13.00
Dhea, Lc/Ms/Ms	\$81.00
Drug Monitoring, Panel 1, Screen, Urine	\$35.00
Drug Monitoring, Phosphatidylethanol (Peth), Blood	\$210.00
Epstein-Barr Virus Antibody Panel	\$131.00
Erythropoietin	\$84.00
Estradiol	\$19.00
Estradiol,Extraction	\$55.00
Factor Vii Act Clot	\$245.00
Fecal Globin By Immunochemistry (Insureâ®)	\$55.00
Fecal Leukocyte Stain	\$13.00
Ferritin	\$6.00

Prices current as of 08/16/2025, subject to chage.

† Self-Pay Rate prices are subsidized by the per credit hour health fee.

Student Price List

Description	Self-Pay Patient Rate‡
Folate, Serum	\$16.00
Fructosamine	\$58.00
Fsh (Follicle Stimulating Hormone)	\$10.00
Fsh And Lh	\$21.00
Gamma Glutamyl Tranferase (Ggt)	\$5.00
Gastrointestinal Pathogen Panel, Real-Time Pcr	\$681.00
Giardia Antigen, Eia, Stool	\$50.00
Gliadin Ab Igg/Iga	\$47.00
Glucose, Serum	\$5.00
H. Pylori Urea Breath Test	\$87.00
H.Pylori Ag Stool	\$68.00
Haptoglobin	\$16.00
Hcg, Total, Qual	\$7.00
Hcg, Total, Quant	\$7.00
Hcv Rna By Pcr,Qt	\$228.00
Hdl Cholesterol	\$5.00
Hemoglobin A1C	\$8.00
Hemoglobin A1C With Eag	\$8.00
Hemoglobin And Hematocrit	\$5.00
Hemoglobinopathy	\$29.00
Hep A Ab,W/RefI Igm	\$9.00
Hepatic Function Panel	\$5.00
Hepatitis A Antibody, Total	\$5.00
Hepatitis A Igm Antibody	\$12.00
Hepatitis B Core Antibody (Igm)	\$30.00
Hepatitis B Core Antibody, Total	\$9.00
Hepatitis B Surface Antibody Immunity, Quant	\$22.00
Hepatitis B Surface Antibody, Qualitative	\$9.00
Hepatitis B Surface Antigen W/ Reflex Confirmation	\$15.00
Hepatitis C Ab W/Reflex To Hcv, Rna, Quant, Rt-Pcr	\$14.00
Hepatitis Panel, Acute W/Reflex To Confirmation	\$71.00
Hepatitis Panel, General	\$56.00
Herpes Simplex Virus 1 And 2 (Igg), Type-Specific Ab	\$33.00
Herpes Simplex Virus 2 (Igg), Type-Specific Antibody	\$17.00
Herpes Simplex Virus Culture	\$13.00
Herpes Simplex Virus Culture With Reflex Typing	\$26.00
Heterophile, Mono Screen	\$6.00
Hiv-1 Genotype	\$707.00
Hiv1/2 Ag/Ab,4 W/Rfl	\$0.00
Hla-B*5701 Typing	\$421.00
Homocysteine	\$32.00
Hpv Dna (16, 18, Other High Risk), Pcr, Vaginal Self-Co	\$60.00
Hpv Dna, High Risk, Cervical	\$52.00
Hpv Geno 16,18/45	\$94.00
Hpv Rna Hr E6/E7 Tma	\$28.00
Hsv Type 1 & 2, Pcr	\$67.00
Hsv1/2 Igm, W/Rfl	\$5.00
Igf Binding Protein-3 (Igfbp-3)	\$167.00

Prices current as of 08/16/2025, subject to chage.

‡ Self-Pay Rate prices are subsidized by the per credit hour health fee.

Student Price List

Description	Self-Pay Patient Rate‡
Immunofixation, Serum	\$67.00
Immunoglobulin A	\$19.00
Immunoglobulin E	\$11.00
Inflammatory Bowel Disease Differentiation Panel	\$314.00
Iron, Tibc And Ferritin Panel	\$11.00
Iron, Total	\$5.00
Iron, Total And Total Iron Binding Capacity	\$5.00
Jak2 V617F Mutation Analysis	\$686.00
Lactate Dehydrogenase (Ld)	\$5.00
Lh	\$10.00
Lipase	\$13.00
Lipid Panel, Standard	\$7.00
Lipid Pnl W/Ref Dir Ldl	\$7.00
Lithium	\$11.00
Lyme Ab W/Reflex Blot	\$79.00
Lyme Disease Antibodies, (Igg, Igm) Immunoblot	\$57.00
M. Hominis, Pcr	\$142.00
Magnesium	\$5.00
Malb, Rand Ur W/O Cr	\$10.00
Measles Ab Igm, If	\$103.00
Measles Antibody (Igg), Immune Status	\$15.00
Metanephrines, Fractionated, Lc/Ms/Ms, 24-Hour Urine	\$283.00
Micronutrients, B-Vitamin Panel	\$936.00
Mixing Study	\$5.00
Monkeypox Virus Dna, Qual. Real-Time Pcr	\$99.00
Mumps V Ab(Igm)	\$25.00
Mumps Virus Antibody (Igg), Immune Status	\$22.00
Myco/Urea Pnl, Pcr	\$447.00
Mycoplasma Genitalium, Rrna, Tma	\$143.00
N. Gonorrhoeae Rna, Tma, (Rectal)	\$22.00
Neisseria Gonorrhoeae Rna, Tma, Throat	\$0.00
Ova And Parasites, Con & Perm Smear, 3 Specimens	\$40.00
Ova And Parasites, Concentrate And Permanent Smear	\$13.00
Parvovirus B19 Antibodies (Igg, Igm)	\$57.00
Peripheral Blood Smear Review	\$45.00
Phosphate (As Phosphorus)	\$5.00
Potassium, Serum	\$5.00
Pra Lc/Ms/Ms	\$66.00
Prealbumin	\$59.00
Pro Time With Inr	\$7.00
Prolactin	\$10.00
Protein Electrophoresis W/ Tot Protein And Refl To Ife	\$36.00
Protein S Antigen, Free	\$282.00
Protein, Total And Protein Electrophoresis	\$36.00
Protein, Total, Random Urine With Creatinine	\$44.00
Psa, Total	\$15.00
Pth, Intact And Calcium	\$55.00
PTT, Activated	\$6.00

Prices current as of 08/16/2025, subject to chage.

‡ Self-Pay Rate prices are subsidized by the per credit hour health fee.

Florida Atlantic University - Student Health Services

Student Price List

Description	Self-Pay Patient Rate‡
Quantiferon(R) PI 1T	\$73.00
Reticulocyte Count, Automated	\$10.00
Rheumatoid Factor	\$8.00
RPR(Dx) w/Reflex FTA	\$0.00
RPR, Monitor W/ Reflex	\$0.00
Rt3 By Lc/Ms/Ms	\$51.00
Rubella Antibody (Igg), Immune Status	\$13.00
Salmonella/Shigella Cult	\$74.00
Sed Rate By Modified Westergreen	\$5.00
Shiga Toxins E.Coli	\$46.00
Shs Covid Sars-Cov-2 Serology Antibody (Igg), Immunoas	\$5.00
Sickle Cell Screen	\$5.00
Stone Analysis	\$95.00
Stone Risk® Panel	\$696.00
Streptococcus Group B Culture	\$30.00
Sureswab Advanced Vaginitis Plus, Tm	\$5.00
Sureswab(R) Advanced Candida Vaginitis (Cv), Tma	\$95.00
Sureswab(R), Hsv 1/2	\$47.00
SureSwab® Advanced Vaginitis Plus, TMA	\$365.00
Synovial Fluid Analysis, Complete	\$224.00
T.Vaginalis Rna,Male	\$47.00
T3 Total	\$6.00
T3 Uptake	\$5.00
T3, Free	\$30.00
T4 (Thyroxine), Total	\$5.00
T4 Free (Ft4)	\$8.00
Testosterone, Total, Males (Adult), Immunoassay	\$18.00
Testosterone, Total, Ms	\$18.00
Thyroglobulin Antibodies	\$23.00
Thyroglobulin Qt	\$87.00
Thyroid Peroxidase Antibodies (Tpo)	\$46.00
Thyroid Pnl W/Tsh	\$14.00
Thyroid Stimulating Hormone (Tsh)	\$7.00
Thyrotropin-Binding Inhibitory Immunoglobulin (Tbii)	\$5.00
Tissue Transglutaminase (Ttg) Antibodies (Igg, Iga)	\$160.00
Tissue Transglutaminase (Ttg) Antibody (Iga)	\$49.00
Tissue Transglutaminase (Ttg) Antibody (Igg)	\$148.00
Trab	\$172.00
Treponema Pallidum Antibody, Particle Agglutination	\$16.00
Trichomonas Vag Rna, Ql	\$59.00
Triglycerides	\$5.00
Tsh W/Refl Ft4	\$7.00
Tsig	\$135.00
Tvag Rna Ql Tma	\$152.00
Ua, Macroscopic	\$5.00
Uric Acid	\$5.00
Urinalysis, Complete, With Reflex To Culture	\$5.00
Urinalysis With Reflex To Microscope	\$5.00

Prices current as of 08/16/2025, subject to chage.

‡ Self-Pay Rate prices are subsidized by the per credit hour health fee.

Florida Atlantic University - Student Health Services

Student Price List

Description	Self-Pay Patient Rate‡
Urinalysis, Complete	\$5.00
Urinalysis, Microscopic	\$5.00
Varicella Zoster, Blood Test, Igg, Igm	\$74.00
Varicella-Zoster Virus Antibody (Igg)	\$25.00
Varicella-Zoster Virus Antibody (Immunity Screen), Acif	\$167.00
Varicella-Zoster Virus Dna, Qualitative, Real-Time Pcr	\$343.00
Varicella-Zoster Virus, Rapid Method, Culture	\$197.00
Venous Thrombosis Hypercoagulability Panel With Reflex	\$2,047.00
Vit D,25-Oh,Total,Ia	\$104.00
Vitamin B12 (Cobalamin)	\$15.00
Vitamin B12 Folate Serum	\$31.00
Von Willebrand Ag	\$227.00

Prices current as of 08/16/2025, subject to chage.

‡ Self-Pay Rate prices are subsidized by the per credit hour health fee.

Florida Atlantic University - Student Health Services

Student Price List

Code	Description	Self-Pay Patient Rate‡
Dental Services		
D0120	Periodic oral evaluation, established patient	\$33.00
D0140	Limited oral evaluation, problem focused	\$48.00
D0150	Comprehensive oral evaluation, new or established patient	\$56.00
D0180	Comprehensive periodontal evaluation, new or established patient	\$61.00
D0190	Pre-visit patient screening	\$30.00
D0191	Assessment of a patient	\$30.00
D0210	Intraoral, complete series of radiographic images	\$90.00
D0220	Intraoral, periapical first radiographic image	\$20.00
D0230	Intraoral, periapical each additional radiographic image	\$17.00
D0240	Intraoral, occlusal radiographic image	\$28.00
D0270	Bitewing, single radiographic image	\$20.00
D0272	Bitewings, two radiographic images	\$30.00
D0273	Bitewings, three radiographic images	\$37.00
D0274	Bitewings, four radiographic images	\$43.00
D1110	Prophylaxis, adult	\$62.00
D1206	Topical application of fluoride varnish	\$28.00
D1330	Oral hygiene instructions	\$10.00
D1351	Sealant, per tooth	\$37.00
D1352	Preventative resin restoration, permanent tooth	\$66.00
D1353	Sealant repair, per tooth	\$36.00
D1355	Caries preventative medicament application, per tooth	\$5.00
D2330	Resin based composite, one surface, anterior	\$112.00
D2331	Resin based composite, two surfaces, anterior	\$122.00
D2332	Resin based composite, three surfaces, anterior	\$142.00
D2335	Resin based composite, 4 or more surfaces or incisal, anterior	\$185.00
D2391	Resin based composite, one surface, posterior	\$122.00
D2392	Resin based composite, two surfaces, posterior	\$156.00
D2393	Resin based composite, three surfaces, posterior	\$193.00
D2394	Resin based composite, four or more surfaces, posterior	\$232.00
D2920	Re-cement or re-bond crown	\$73.00
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$145.00
D2940	Protective restoration	\$79.00
D2989	Excavation of a tooth, resulting in the determination of non-restorability	\$46.00
D3110	Pulp cap - direct (excluding final restoration)	\$56.00
D3120	Pulp cap - indirect (excluding final restoration)	\$56.00
D4341	Periodontal scaling and root planing, 4 or more teeth	\$173.00
D4342	Periodontal scaling and root planing, 1 to 3 teeth	\$122.00
D4346	Scaling in the presence of gingival inflammation	\$92.00
D4355	Full mouth debridement for perio evaluation	\$122.00
D4910	Periodontal maintenance	\$92.00
D4921	Gingival irrigation, per quadrant	\$10.00
D4999	Unspecified periodontal procedure	\$46.00
D6081	Scaling and debridement of an implant	\$66.00
D6197	Replacement of restorative material to close access over implant screw	\$22.00
D8695	Removal of fixed orthodontic appliance(s) other than at conclusion of treatment	\$145.00
D8698	Re-cement or re-bond fixed retainer - maxillary	\$99.00
D8699	Re-cement or re-bond fixed retainer - mandibular	\$99.00

Prices current as of 08/16/2025, subject to change.

‡ Self-Pay Rate prices are subsidized by the per credit hour health fee.

Student Price List

Code	Description	Self-Pay Patient Rate‡
Dental Services		
D9110	Palliative (emergency) treatment - minor procedure	\$85.00
D9430	Office visit, during regular hours, no other services	\$30.00
D9910	Application of desensitizing medicament	\$37.00
D9911	Application of desensitizing resin for cervical	\$49.00
D9971	Odontoplasty, 1 to 2 teeth	\$108.00
D9972	External bleaching per arch, performed in office	\$185.00
D9975	External bleaching, for home application	\$152.00

Prices current as of 08/16/2025, subject to change.

‡ Self-Pay Rate prices are subsidized by the per credit hour health fee.