

Charge Description	Price
Home Visit Level 1 Established	\$119.00
Home Visit Level 1 New	\$137.00
Home Visit Level 2 Established	\$185.00
Home Visit Level 2 New	\$201.00
Home Visit Level 3 Established	\$281.00
Home Visit Level 3 New	\$307.00
Home Visit Level 4 Est	\$405.00
Home Visit Level 4 New	\$412.00
Home Visit Level 5 New	\$501.00
Initial Observation Care Level 1	\$182.00
Office Consult Level 1	\$158.00
Office Consult Level 2	\$329.00
Office Consult Level 3	\$455.00
Office Consult Level 4	\$711.00
Office Consult Level 5	\$896.00
Office Visit Level 1 New	\$194.00
Office Visit Level 2 New	\$245.00
Office Visit Level 3 New	\$382.00
Office Visit Level 4 New	\$446.00
Office Visit Level 5 New	\$542.00
Preventive Medicine 1-4 years Established	\$237.00
Preventive Medicine 1-4 years New	\$300.00
Preventive Medicine 12-17 years Established	\$258.00
Preventive Medicine 12-17 years New	\$320.00
Preventive Medicine 18-39 years Established	\$261.00
Preventive Medicine 18-39 years New	\$320.00
Preventive Medicine 40-64 years Established	\$290.00
Preventive Medicine 40-64 years New	\$377.00
Preventive Medicine 5-11 years Established	\$234.00
Preventive Medicine 5-11 years New	\$294.00
Preventive Medicine 65+ years Established	\$318.00
Preventive Medicine 65+ years New	\$408.00
Preventive Medicine < 1 year Established	\$212.00
Preventive Medicine < 1 year New	\$278.00

*Disclaimer: The out-of-pocket cost estimate information is not a guarantee of final patient responsibility. Estimates are based on information provided by you and/or your physician and your insurance company. Timeliness of claims processing may affect your overall out of pocket estimate. Professional fees such as (physician, radiologist, pathology or specialist) may not be included in estimates as some of these services may be billed separately.*

*All estimates are based on estimate of provided service, and any and all health plan requirements such as: pre-authorization, pre-certification, referrals etc., prior to service. Patients are responsible for knowing if their individual health plan is "in-network" or "out-of-network" and if services are deemed experimental, investigational or medically necessary by individual's health plan.*

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