

GIIC

EXAM	Description	GIIC PRICE
CT SCAN WITHOUT CONTRAST	ANY ONE BODY PART, SPINE, LUMBAR, CHEST ORBIT, FACE, NECK, SINUS, ABDOMEN, PELVIS, BRAIN, OR LOWER/UPPER EXTREMITY	\$225
CT SCAN WITH CONTRAST	ANY ONE BODY PART, SPINE, LUMBAR, CHEST ORBIT, FACE, NECK, SINUS, ABDOMEN, PELVIS, BRAIN, OR LOWER/UPPER EXTREMITY	\$375
CT SCAN WITH & WITHOUT CONTRAST	ANY ONE BODY PART, SPINE, LUMBAR, CHEST ORBIT, FACE, NECK, SINUS, ABDOMEN, PELVIS, BRAIN, OR LOWER/UPPER EXTREMITY	\$400
CT SCAN LIMITED/FOLLOW-UP STUDY		\$150
CT SCAN OF ABDOMEN & PELVIS WITHOUT CONTRAST		\$425
CT SCAN OF ABDOMEN & PELVIS WITH CONTRAST		\$450
CT SCAN OF ABDOMEN & PELVIS WITHOUT & WITH CONTRAST		\$475
CT ANGIOGRAPHY		\$475
LOW DOSE CT LUNG SCREENING		\$150
MRA WITHOUT	ONE BODY PART, HEAD, NECK, ABDOMEN, PELVIS, LOWER/UPPER EXTREMITY, SPINAL CANAL, CHEST	\$375
MRA WITH	ONE BODY PART, HEAD, NECK, ABDOMEN, PELVIS, LOWER/UPPER EXTREMITY, SPINAL CANAL, CHEST	\$450
MRA WITH & WITHOUT CONTRAST	ONE BODY PART, HEAD, NECK, ABDOMEN, PELVIS, LOWER/UPPER EXTREMITY, SPINAL CANAL, CHEST	\$700
MRI WITHOUT CONTRAST	ANY ONE BODY PART, THORACIC SPINE, LUMBAR SPINE, CHEST, ORBIT, FACE, NECK, ABDOMEN, PELVIS, JOINT, BRAIN, LOWER/UPPER EXTREMITY OR TMJ	\$400
MRI WITH CONTRAST	ANY ONE BODY PART, THORACIC SPINE, LUMBAR SPINE, CHEST, ORBIT, FACE, NECK, ABDOMEN, PELVIS, JOINT, BRAIN, LOWER/UPPER EXTREMITY OR TMJ	\$700
MRI WITH AND WITHOUT CONTRAST	ANY ONE BODY PART, THORACIC SPINE, LUMBAR SPINE, CHEST, ORBIT, FACE, NECK, ABDOMEN, PELVIS, JOINT, BRAIN, LOWER/UPPER EXTREMITY OR TMJ	\$750
ULTRASOUND BREAST UNILATERAL		\$150
ULTRASOUND	ONE BODY PART ABDOMEN COMPLETE, PELVIC COMPLETE, URINARY TRACT (KIDNEYS, URETERS, AND BLADDER), TRANSVAGINAL OB OR NON-OB, SCROTAL, THYROID(HEAD/NECK), LOWER/UPPER NON-VASCULAR EXTREMITY	\$200
TRANSVAGINAL ULTRASOUND WITH PELVIC ECHO		\$300
FETAL ULTRASOUND (ROUTINE)	OB FETUS ULTRASOUND FOR ANY TIME DURING PREGNANCY TO INCLUDE TRANSVAGINAL IF PERFORMED.	\$200