



Patient Price Information List
January 1, 2026
 Imaging

PROCEDURE DESCRIPTION	CPT/HCPC	PRICE *
RADIOLOGY		
ABD ACUTE SERIES WITH PA CHEST	74022	\$504.00
ABD SINGLE VIEW	74018	\$417.00
CHEST PA & LATERAL	71046	\$459.00
LUMBAR SPINE 2/3 VIEWS	72100	\$504.00
LUMBAR SPINE 4/5 VIEWS	72110	\$554.00
KNEE 3 VIEW (SINGLE LEG)	73562	\$459.00
SHOULDER BILATERAL 2 OR MORE VIEWS	73030	\$459.00
FOOT THREE OR MORE VIEWS	73630	\$504.00
HAND THREE OR MORE VIEWS	73130	\$459.00
ANKLE THREE OR MORE VIEWS	73610	\$459.00
BONE DENSITY DEXA AXIAL SKELETON	77080	\$1,132.00
ULTRASOUND		
US ABDOMEN	76700	\$1,685.00
US PELVIS	76586	\$1,300.00
US TRANSVAGINAL NON OB	76830	\$1,380.00
US CHEST	76604	\$1,976.00
CT SCANS		
CT ABDOMEN WITHOUT/WITH CONTRAST	74170	\$2,843.00
CT CERVICAL SPINE WITHOUT/WITH CONTRAST	72127	\$2,480.00
CT LUMBAR SPINE WITHOUT/WITH CONTRAST	72133	\$3,352.00
CT CHEST WITHOUT/WITH CONTRAST	71270	\$3,045.00
CT HEAD WITHOUT/WITH CONTRAST	70470	\$2,272.00
CT PELVIS WITHOUT/WITH CONTRAST	72194	\$3,516.00
CT EXTREMITY WITHOUT/WITH CONTRAST	73702	\$2,708.00
CT ABDOMEN AND PELVIS WITHOUT/WITH CONTRAST	74178	\$4,412.00
MRI		
MRI BRAIN WITH CONTRAST	70552	\$3,097.00
MRI BRAIN WITHOUT CONTRAST	70551	\$2,583.00
MRI BRAIN WITHOUT/WITH CONTRAST	70553	\$3,254.00
MAMMOGRAPHY		
MAMMOGRAPHY/CAD SCREENING BILATERAL	77067	\$401.00
MAMMOGRAPHY/CAD DIAGNOSTIC, BILATERAL	77066	\$544.00
MAMMOGRAPHY/CAD DIAGNOSTIC, UNILATERAL	77065	\$351.00
OB		
US OB > 14 WEEKS, TRANSABDOMINAL, SINGLE GESTATION	76805	\$1,288.00
US OB TRANS-VAGINAL	76817	\$1,254.00

* Self-Pay Discount (Not Billing Insurance) has to be requested at time of scheduling

* Self-Pay Patients receive a Discount of 60%.

* Self Pay Charge are hospital charges only, physician charges for radiological reading are separate.

Please note: The prices listed are at our standard rate for each line item charge.

Your actual bill may vary with charges for contrast and supplies specific to your case.

If you have insurance, including Medicare or Medicaid plans, the amount you pay out of pocket will be lower depending on your insurance plan's contracted rate, your specific benefit plan, and which hospital you choose.

For specific program information, please contact one of our Financial Counselors at 937-914-7680

- Kettering Health Dayton
- Kettering Health Main Campus
- Kettering Health Miamisburg
- Kettering Health Washington Township
- Kettering Health Greene Memorial Xenia Health Center
- Kettering Health Hamilton
- Soin Medical Center
- Kettering Health Springfield Health Center
- Kettering Health Troy

**** These Prices Apply to the Hospitals Listed Above ****