

CHARGE CODE	DEPARTMENT	DESCRIPTION	IP RATE	OP RATE
06054	CLINICAL LABORATORY	OH-10 PANEL UDS	\$ 68.00	\$ 68.00
60008	CLINICAL LABORATORY	OH-DRUG SCREEN COLLECT	\$ 36.00	\$ 36.00
60006	CLINICAL LABORATORY	OH-DRUG SCREEN, INSTANT	\$ 80.00	\$ 80.00
60007	CLINICAL LABORATORY	OH-DRUG SCREEN, MED TOX	\$ 64.00	\$ 64.00
81907	CLINICAL LABORATORY	OH-HEPATITIS ABC EVAL	\$ 85.00	\$ 85.00
81908	CLINICAL LABORATORY	OH-HEPATITIS ACUTE PROFILE	\$ 120.00	\$ 120.00
06016	CLINICAL LABORATORY	OH-LEAD, OSHA ZINC PROTOPORI	\$ 44.00	\$ 44.00
81909	CLINICAL LABORATORY	OH-SERUM CHOLINESTERASE	\$ 61.00	\$ 61.00
09037	CLINICAL LABORATORY	OH-URINALYSIS BY DIPSTICK	\$ 16.00	\$ 16.00
30323	CLINICAL LABORATORY	OH-VENIPUNCTURE	\$ 45.00	\$ 45.00
06031	DRUGS REQUIRING DETAILED	OH-HEPATITIS A VACCINE 1440 units	\$ 80.00	\$ 80.00
81902	DRUGS REQUIRING DETAILED	OH-HEPATITIS B VACCINE 10mcg/0.5ml	\$ 55.00	\$ 55.00
06045	DRUGS REQUIRING DETAILED	OH-HIB VACCINE	\$ 112.50	\$ 112.50
81906	DRUGS REQUIRING DETAILED	OH-INFLUENZA VIRUS VACCINE	\$ 27.00	\$ 27.00
06050	DRUGS REQUIRING DETAILED	OH-JAPANESE ENCEPHALITIS VACCINE IM	\$ 305.00	\$ 305.00
06033	DRUGS REQUIRING DETAILED	OH-MEASLES MUMPS RUBELLA VACCINE	\$ 80.00	\$ 80.00
06046	DRUGS REQUIRING DETAILED	OH-MEASLES VACCINE	\$ 45.00	\$ 45.00
06036	DRUGS REQUIRING DETAILED	OH-MENINGOCOCCAL VACCINE	\$ 130.00	\$ 130.00
06047	DRUGS REQUIRING DETAILED	OH-MUMPS VACCINE	\$ 49.50	\$ 49.50
06037	DRUGS REQUIRING DETAILED	OH-PNEUMOCOCCAL PNEUMONIA VACCINE	\$ 100.00	\$ 100.00
06032	DRUGS REQUIRING DETAILED	OH-POLIOVIRUS VACCINE	\$ 45.00	\$ 45.00
06030	DRUGS REQUIRING DETAILED	OH-RABIES VACCINE	\$ 370.00	\$ 370.00
06048	DRUGS REQUIRING DETAILED	OH-RUBELLA VACCINE	\$ 61.50	\$ 61.50
06038	DRUGS REQUIRING DETAILED	OH-SHINGLES VACCINE	\$ 254.00	\$ 254.00
30229	DRUGS REQUIRING DETAILED	OH-TDAP	\$ 68.00	\$ 68.00
81901	DRUGS REQUIRING DETAILED	OH-TETANUS AND DIPHTHERIA TOXOIDS	\$ 43.00	\$ 43.00
81910	DRUGS REQUIRING DETAILED	OH-TETANUS DIPHTHERIA PERTUSSIS VACCINE	\$ 54.00	\$ 54.00
81903	DRUGS REQUIRING DETAILED	OH-TUBERCULIN PPD TEST	\$ 37.00	\$ 37.00
06027	DRUGS REQUIRING DETAILED	OH-TYPHOID VACCINE IM	\$ 105.00	\$ 105.00
06035	DRUGS REQUIRING DETAILED	OH-TYPHOID VACCINE ORAL	\$ 80.00	\$ 80.00
06049	DRUGS REQUIRING DETAILED	OH-VARICELLA VACCINE	\$ 126.00	\$ 126.00
06028	DRUGS REQUIRING DETAILED	OH-YELLOW FEVER VACCINE	\$ 160.00	\$ 160.00
06013	LAB/IMMUNOLGY	OH-HBV SURFACE AG	\$ 10.00	\$ 10.00

06014	LAB/IMMUNOLGY	OH-HBV SURFACE TOTAL ABS	\$ 11.00	\$ 11.00
06015	LAB/IMMUNOLGY	OH-HCV IGG RFX RIBA	\$ 16.00	\$ 16.00
06019	LAB/IMMUNOLGY	OH-HEP A VIRUS IGM ABS	\$ 14.00	\$ 14.00
60004	LAB/IMMUNOLGY	OH-HEPATITIS B TITER	\$ 27.00	\$ 27.00
60181	LAB/IMMUNOLGY	OH-HIV ANTIBODY	\$ 49.00	\$ 49.00
06017	LAB/IMMUNOLGY	OH-MEASLES IGG ABS	\$ 14.00	\$ 14.00
06051	LAB/IMMUNOLGY	OH-RABIES TITER	\$ 75.00	\$ 75.00
06020	LAB/IMMUNOLGY	OH-RUBELLA IGG ABS	\$ 36.00	\$ 36.00
06018	LAB/IMMUNOLGY	OH-VZV IGG ABS	\$ 13.00	\$ 13.00
30318	PHARMACY	OH-ERYTHROMYCIN OPHTH OINT 3.5G	\$ 36.00	\$ 36.00
30314	PHARMACY	OH-LIDOCAINE 2% 20ML MDV	\$ 12.00	\$ 12.00
30315	PHARMACY	OH-LIDOCAINE 2% W/ EPINEPHRINE 20ML MDV	\$ 12.00	\$ 12.00
30316	PHARMACY	OH-MARCAINE .5% 30ML SDV	\$ 12.00	\$ 12.00
30279	PRO FEE/CLINIC	OH-APPLICATION FINGER SPLINT	\$ 46.00	\$ 46.00
30277	PRO FEE/CLINIC	OH-APPLICATION LONG ARM SPLINT	\$ 112.00	\$ 112.00
30280	PRO FEE/CLINIC	OH-APPLICATION LONG LEG SPLINT	\$ 112.00	\$ 112.00
30269	PRO FEE/CLINIC	OH-APPLICATION SHORT ARM CAST	\$ 91.00	\$ 91.00
30278	PRO FEE/CLINIC	OH-APPLICATION SHORT ARM SPLINT	\$ 68.00	\$ 68.00
30281	PRO FEE/CLINIC	OH-APPLICATION SHORT LEG SPLINT	\$ 68.00	\$ 68.00
06008	PRO FEE/CLINIC	OH-ASBESTOS PHYSICAL	\$ 315.00	\$ 315.00
06002	PRO FEE/CLINIC	OH-AUDIOMETRY	\$ 53.00	\$ 53.00
30254	PRO FEE/CLINIC	OH-AUDIOMETRY TESTING	\$ 42.00	\$ 42.00
06003	PRO FEE/CLINIC	OH-BASIC PHYSICAL	\$ 73.00	\$ 73.00
06026	PRO FEE/CLINIC	OH-BASIC TRAVEL CONSULTATION	\$ 135.00	\$ 135.00
06022	PRO FEE/CLINIC	OH-BREATH ALCOHOL TESTING	\$ 66.00	\$ 66.00
30267	PRO FEE/CLINIC	OH-BURN DRESSING/DEBRIDE MED	\$ 91.00	\$ 91.00
30320	PRO FEE/CLINIC	OH-CLOSD RX PHLANGEAL SHAFT FX W/O MANIP	\$ 157.00	\$ 157.00
30322	PRO FEE/CLINIC	OH-CLSD RX INTRPHALAN JNT DISLOC W MANIP	\$ 136.00	\$ 136.00
30321	PRO FEE/CLINIC	OH-CLSED RX DIST PHALANGEAL FX W/O MANIP	\$ 113.00	\$ 113.00
30226	PRO FEE/CLINIC	OH-COPY DUPLICATE RECORD, EA ADD PAGE	\$ 1.00	\$ 1.00
30223	PRO FEE/CLINIC	OH-COPY OF CHART NOTES (PG 1-15)	\$ 15.00	\$ 15.00
30224	PRO FEE/CLINIC	OH-COPY OF CHART, EA ADD PAGE	\$ 1.00	\$ 1.00
30225	PRO FEE/CLINIC	OH-COPY OF DUPLICATE RECORD, PG 1-15	\$ 15.00	\$ 15.00
06023	PRO FEE/CLINIC	OH-CUSTOM LIFT TEST	\$ 53.00	\$ 53.00

09019	PRO FEE/CLINIC	OH-DEBRIDEMENT MUSCLE/FASCIA FIRST 20CM	\$ 407.00	\$ 407.00
30265	PRO FEE/CLINIC	OH-DEBRIDEMENT SUBCUTANEOUS FIRST 20CM	\$ 222.00	\$ 222.00
06055	PRO FEE/CLINIC	OH-DMV PAPERWORK	\$ 15.00	\$ 15.00
06000	PRO FEE/CLINIC	OH-DOT/DMV PHYSICAL	\$ 118.00	\$ 118.00
30266	PRO FEE/CLINIC	OH-DRESSING PARTIAL THICKNESS BURN SMALL	\$ 73.00	\$ 73.00
06056	PRO FEE/CLINIC	OH-ECG TREADMILL	\$ 300.00	\$ 300.00
06004	PRO FEE/CLINIC	OH-EKG	\$ 53.00	\$ 53.00
30255	PRO FEE/CLINIC	OH-EKG W INTERPRETATION REPORT	\$ 69.00	\$ 69.00
32174	PRO FEE/CLINIC	OH-ERGONOMIC ASSESSMENT PER HR	\$ 200.00	\$ 200.00
06021	PRO FEE/CLINIC	OH-ERGONOMIC ASSESSMENT, EACH 15 MIN	\$ 260.00	\$ 260.00
30262	PRO FEE/CLINIC	OH-EVACUATION SUBUNGUAL HEMATOMA	\$ 68.00	\$ 68.00
32177	PRO FEE/CLINIC	OH-EXCISION OF NAIL	\$ 240.00	\$ 240.00
06043	PRO FEE/CLINIC	OH-FAMILY OR GROUP TRAVEL CONSULTATION	\$ 200.00	\$ 200.00
09020	PRO FEE/CLINIC	OH-FB REM CONJUNCTIVAL SUPERFICIAL	\$ 39.00	\$ 39.00
30257	PRO FEE/CLINIC	OH-FB REMOVAL CORNEAL	\$ 68.00	\$ 68.00
30258	PRO FEE/CLINIC	OH-FB REMOVAL CORNEAL WITH SLIT LAMP	\$ 91.00	\$ 91.00
30264	PRO FEE/CLINIC	OH-FB REMOVAL SUBCUTANEOUS	\$ 132.00	\$ 132.00
09006	PRO FEE/CLINIC	OH-FIRST AID LEVEL 1	\$ 87.00	\$ 87.00
09007	PRO FEE/CLINIC	OH-FIRST AID LEVEL II	\$ 173.00	\$ 173.00
09035	PRO FEE/CLINIC	OH-FIRST DEGREE BURN, INITIAL TREATMENT	\$ 61.00	\$ 61.00
06040	PRO FEE/CLINIC	OH-FIT FOR DUTY PHYSICAL	\$ 371.00	\$ 371.00
06053	PRO FEE/CLINIC	OH-FULL PHYSICAL	\$ 130.00	\$ 130.00
06012	PRO FEE/CLINIC	OH-FUNCTIONAL CAPACITY ASSESS	\$ 98.00	\$ 98.00
30282	PRO FEE/CLINIC	OH-GAIT TRAINING EA 30 MIN	\$ 40.00	\$ 40.00
06024	PRO FEE/CLINIC	OH-GROUP EDUCATION SEMINAR	\$ 225.00	\$ 225.00
32172	PRO FEE/CLINIC	OH-HAV, HBV, HCV POST EXPOSURE	\$ 128.00	\$ 128.00
32171	PRO FEE/CLINIC	OH-HIV 1/2 ABS RFX IB	\$ 46.00	\$ 46.00
06044	PRO FEE/CLINIC	OH-IMMIGRATION PHYSICAL	\$ 491.00	\$ 491.00
30234	PRO FEE/CLINIC	OH-INJ ANESTH OTHER PERIPHERAL NERVE	\$ 91.00	\$ 91.00
30228	PRO FEE/CLINIC	OH-INJ SUBQ OR IM	\$ 336.00	\$ 336.00
30260	PRO FEE/CLINIC	OH-INJ/ ASPIRATE JOINT OR BURSA INTERMED	\$ 68.00	\$ 68.00
30261	PRO FEE/CLINIC	OH-INJ/ASPIRATE JOINT OR BURSA LARGE	\$ 80.00	\$ 80.00
30259	PRO FEE/CLINIC	OH-INJECTION TENDON SHEATH SINGLE	\$ 68.00	\$ 68.00
06011	PRO FEE/CLINIC	OH-JOB SITE ANALYSIS, PER HR	\$ 70.00	\$ 70.00

30250	PRO FEE/CLINIC	OH-LAC COMPLEX NOSE EAR LIP 1.1 TO 2.5CM	\$ 451.00	\$ 451.00
30246	PRO FEE/CLINIC	OH-LAC COMPLEX TRUNK 1.1 TO 2.5CM	\$ 180.00	\$ 180.00
09026	PRO FEE/CLINIC	OH-LAC FACE LID NOSE LIP 12.6 TO 20CM	\$ 407.00	\$ 407.00
09023	PRO FEE/CLINIC	OH-LAC FACE LID NOSE LIP 2.6 TO 5.0CM	\$ 156.00	\$ 156.00
09024	PRO FEE/CLINIC	OH-LAC FACE LID NOSE LIP 5.1 TO 7.5CM	\$ 214.00	\$ 214.00
09025	PRO FEE/CLINIC	OH-LAC FACE LID NOSE LIP 7.6 TO 12.5CM	\$ 272.00	\$ 272.00
30240	PRO FEE/CLINIC	OH-LAC FACE LID NOSE LIP TO 2.5CM	\$ 136.00	\$ 136.00
30247	PRO FEE/CLINIC	OH-LAC FACE, HANDS, FEET 1.1CM TO 2.5CM	\$ 360.00	\$ 360.00
30248	PRO FEE/CLINIC	OH-LAC FACE, HANDS, FEET 2.6-7.5CM	\$ 705.00	\$ 705.00
09034	PRO FEE/CLINIC	OH-LAC INT FACE NOSE LIP 12.6 TO 20CM	\$ 610.00	\$ 610.00
30245	PRO FEE/CLINIC	OH-LAC INT FACE NOSE LIP 2.6 TO 5.0CM	\$ 248.00	\$ 248.00
09032	PRO FEE/CLINIC	OH-LAC INT FACE NOSE LIP 5.1 TO 7.5CM	\$ 272.00	\$ 272.00
09033	PRO FEE/CLINIC	OH-LAC INT FACE NOSE LIP 7.6 TO 12.5CM	\$ 407.00	\$ 407.00
30244	PRO FEE/CLINIC	OH-LAC INT FACE NOSE LIP UP TO 2.5CM	\$ 180.00	\$ 180.00
09031	PRO FEE/CLINIC	OH-LAC INT NECK HANDS FEET 12.6 TO 20CM	\$ 331.00	\$ 331.00
09029	PRO FEE/CLINIC	OH-LAC INT NECK HANDS FEET 2.6 TO 7.5CM	\$ 195.00	\$ 195.00
09030	PRO FEE/CLINIC	OH-LAC INT NECK HANDS FEET 7.6 TO 12.5CM	\$ 253.00	\$ 253.00
30243	PRO FEE/CLINIC	OH-LAC INT NECK HANDS FEET TO 2.5CM	\$ 136.00	\$ 136.00
09028	PRO FEE/CLINIC	OH-LAC INT SCALP TRUNK EXT 12.6 TO 20CM	\$ 272.00	\$ 272.00
30242	PRO FEE/CLINIC	OH-LAC INT SCALP TRUNK EXT 2.6 TO 7.5CM	\$ 180.00	\$ 180.00
09027	PRO FEE/CLINIC	OH-LAC INT SCALP TRUNK EXT 7.6 TO 12.5CM	\$ 214.00	\$ 214.00
30241	PRO FEE/CLINIC	OH-LAC INT SCALP TRUNK EXT TO 2.5CM	\$ 136.00	\$ 136.00
30251	PRO FEE/CLINIC	OH-LAC LID NOSE, EAR, LIP 2.6CM TO 7.5CM	\$ 898.00	\$ 898.00
09022	PRO FEE/CLINIC	OH-LAC SCALP TRUNK EXTREM 12.6 TO 20CM	\$ 195.00	\$ 195.00
30239	PRO FEE/CLINIC	OH-LAC SCALP TRUNK EXTREM 2.6 TO 7.5CM	\$ 113.00	\$ 113.00
09021	PRO FEE/CLINIC	OH-LAC SCALP TRUNK EXTREM 7.6 TO 12.5CM	\$ 156.00	\$ 156.00
30238	PRO FEE/CLINIC	OH-LAC SCALP TRUNK EXTREM TO 2.5CM	\$ 91.00	\$ 91.00
06010	PRO FEE/CLINIC	OH-LIFT TEST SIMPLE	\$ 33.00	\$ 33.00
30319	PRO FEE/CLINIC	OH-NONINVASIVE OXYGEN SAT SNGL	\$ 29.00	\$ 29.00
30204	PRO FEE/CLINIC	OH-OFFICE VISIT EST PT LEVEL 1	\$ 33.00	\$ 33.00
30205	PRO FEE/CLINIC	OH-OFFICE VISIT EST PT LEVEL 2	\$ 58.00	\$ 58.00
30206	PRO FEE/CLINIC	OH-OFFICE VISIT EST PT LEVEL 3	\$ 80.00	\$ 80.00
30207	PRO FEE/CLINIC	OH-OFFICE VISIT EST PT LEVEL 4	\$ 125.00	\$ 125.00
30208	PRO FEE/CLINIC	OH-OFFICE VISIT EST PT LEVEL 5	\$ 181.00	\$ 181.00

09013	PRO FEE/CLINIC	OH-OFFICE VISIT ESTABLISHED PT LEVEL 4	\$ 125.00	\$ 125.00
09018	PRO FEE/CLINIC	OH-OFFICE VISIT NEW PT LEVEL 1	\$ 69.00	\$ 69.00
30200	PRO FEE/CLINIC	OH-OFFICE VISIT NEW PT LEVEL 2	\$ 85.00	\$ 85.00
30201	PRO FEE/CLINIC	OH-OFFICE VISIT NEW PT LEVEL 3	\$ 145.00	\$ 145.00
30202	PRO FEE/CLINIC	OH-OFFICE VISIT NEW PT LEVEL 4	\$ 205.00	\$ 205.00
30203	PRO FEE/CLINIC	OH-OFFICE VISIT NEW PT LEVEL 5	\$ 261.00	\$ 261.00
09001	PRO FEE/CLINIC	OH-OH LEVEL 1 PHYSICAL	\$ 58.00	\$ 58.00
09002	PRO FEE/CLINIC	OH-OH LEVEL II PHYSICAL	\$ 76.00	\$ 76.00
09003	PRO FEE/CLINIC	OH-OH LEVEL III PHYSICAL	\$ 520.00	\$ 520.00
09004	PRO FEE/CLINIC	OH-OH LEVEL IV PHYSICAL	\$ 705.00	\$ 705.00
09005	PRO FEE/CLINIC	OH-OH LEVEL V PHYSICAL	\$ 1,041.00	\$ 1,041.00
09011	PRO FEE/CLINIC	OH-OH LEVEL V SDC FF PHYSICAL	\$ 1,453.47	\$ 1,453.47
30283	PRO FEE/CLINIC	OH-ORTHOTIC MGMT TRN EA 15 MIN	\$ 59.00	\$ 59.00
09016	PRO FEE/CLINIC	OH-PR-4 FIRST PAGE	\$ 53.00	\$ 53.00
09017	PRO FEE/CLINIC	OH-PR4 PAGE 2-6	\$ 46.00	\$ 46.00
09010	PRO FEE/CLINIC	OH-PR-4 REPORT	\$ 229.00	\$ 229.00
30211	PRO FEE/CLINIC	OH-PROLONG PHYSICIAN SERVICE EA ADD 30M	\$ 133.00	\$ 133.00
30210	PRO FEE/CLINIC	OH-PROLONG SERVICE FACE-FACE 1 HR	\$ 252.00	\$ 252.00
30222	PRO FEE/CLINIC	OH-PROLONGED E/M SERVICE, FIRST HR	\$ 216.00	\$ 216.00
30263	PRO FEE/CLINIC	OH-REPAIR NAIL BED	\$ 320.00	\$ 320.00
30217	PRO FEE/CLINIC	OH-REQUIRED REPORT (PR-2)	\$ 17.00	\$ 17.00
30218	PRO FEE/CLINIC	OH-REQUIRED REPORT (PR-3)	\$ 31.00	\$ 31.00
06009	PRO FEE/CLINIC	OH-RESP REVIEW OF QUESTIONAIRRE	\$ 21.00	\$ 21.00
06005	PRO FEE/CLINIC	OH-RESPIRATOR PHYSICAL INITIAL	\$ 135.00	\$ 135.00
06042	PRO FEE/CLINIC	OH-RESPIRATOR FIT TEST	\$ 28.00	\$ 28.00
06006	PRO FEE/CLINIC	OH-RESPIRATOR PHYSICAL ANNUAL	\$ 101.00	\$ 101.00
30252	PRO FEE/CLINIC	OH-SECONDARY CLOSURE WOUND COMPLICATED	\$ 653.00	\$ 653.00
06001	PRO FEE/CLINIC	OH-SPIROMETRY	\$ 65.00	\$ 65.00
30256	PRO FEE/CLINIC	OH-SPIROMETRY	\$ 82.00	\$ 82.00
30270	PRO FEE/CLINIC	OH-STRAPPING ANKLE OR FOOT	\$ 46.00	\$ 46.00
30271	PRO FEE/CLINIC	OH-STRAPPING ELBOW OR WRIST	\$ 46.00	\$ 46.00
30272	PRO FEE/CLINIC	OH-STRAPPING HAND OR FINGER	\$ 46.00	\$ 46.00
30274	PRO FEE/CLINIC	OH-STRAPPING KNEE	\$ 46.00	\$ 46.00
30275	PRO FEE/CLINIC	OH-STRAPPING SHOULDER	\$ 46.00	\$ 46.00

30276	PRO FEE/CLINIC	OH-STRAPPING TOES	\$ 23.00	\$ 23.00
06025	PRO FEE/CLINIC	OH-TITMUS TEST	\$ 20.00	\$ 20.00
06059	PRO FEE/CLINIC	OH-TRAVEL MED MISSED VISIT FEE	\$ 50.00	\$ 50.00
09009	PRO FEE/CLINIC	OH-X-RAY READING FEE, 2 OR 3 VIEWS	\$ 30.00	\$ 30.00
09008	PRO FEE/CLINIC	OH-X-RAY READING FEE, 1 OR 2 VIEWS	\$ 14.00	\$ 14.00
32158	SELF ADMINISTERED DRUGS	OH-ACETAMINOPHEN 500MG #30	\$ 33.00	\$ 33.00
32109	SELF ADMINISTERED DRUGS	OH-AUGMENTIN	\$ 301.50	\$ 301.50
06052	SELF ADMINISTERED DRUGS	OH-AZITHROMYCIN 3 PACK	\$ 45.50	\$ 45.50
06039	SELF ADMINISTERED DRUGS	OH-AZITHROMYCIN 500MG 3 PK	\$ 61.50	\$ 61.50
32159	SELF ADMINISTERED DRUGS	OH-BETAMETHASONE DIPRIONATE .05% CREAM	\$ 33.00	\$ 33.00
30301	SELF ADMINISTERED DRUGS	OH-BIOFREEZE 4 OZ	\$ 27.00	\$ 27.00
32111	SELF ADMINISTERED DRUGS	OH-CEPHALEXIN 500MG #20	\$ 156.00	\$ 156.00
06034	SELF ADMINISTERED DRUGS	OH-CIPROFLOXIN 500MG 6 PACK	\$ 9.50	\$ 9.50
32112	SELF ADMINISTERED DRUGS	OH-CYCLOBENZAPRINE 10MG #30	\$ 96.00	\$ 96.00
32154	SELF ADMINISTERED DRUGS	OH-ERYTHROMYCIN 0.5% OPTH OINTMENT 3.5G	\$ 33.00	\$ 33.00
32155	SELF ADMINISTERED DRUGS	OH-ETODOLAC 400MG #30	\$ 144.00	\$ 144.00
32160	SELF ADMINISTERED DRUGS	OH-HYDROXYZINE 25MG #20	\$ 57.00	\$ 57.00
32161	SELF ADMINISTERED DRUGS	OH-IBUPROFEN 200MG #30	\$ 34.50	\$ 34.50
32115	SELF ADMINISTERED DRUGS	OH-IBUPROFEN 600MG 30 TABS	\$ 51.00	\$ 51.00
32116	SELF ADMINISTERED DRUGS	OH-IBUPROFEN 800MG #30	\$ 49.50	\$ 49.50
32121	SELF ADMINISTERED DRUGS	OH-METAXOLONE 800MG #30	\$ 180.00	\$ 180.00
32156	SELF ADMINISTERED DRUGS	OH-METHOCARBAMOL 500MG #30	\$ 70.50	\$ 70.50
32176	SELF ADMINISTERED DRUGS	OH-NAPROXEN 500MG 6 TABS	\$ 6.00	\$ 6.00
32162	SELF ADMINISTERED DRUGS	OH-PREDNISONE 20MG #20	\$ 33.00	\$ 33.00
32157	SELF ADMINISTERED DRUGS	OH-SALSALATE 750MG #30	\$ 82.50	\$ 82.50
30198	VACCINES ADMINISTRATION	OH-IMMUNIZATION ADMIN EA ADD	\$ 82.00	\$ 82.00
30199	VACCINES ADMINISTRATION	OH-IMMUNIZATION ADMIN INITIAL	\$ 134.00	\$ 134.00