Fee Schedule for Uninsured Patients

ULTRASOUND	TOTAL COST
ABDOMEN COMPLETE	$ 218
ABDOMEN LIMITED	$ 144
ABDOMINAL WALL	$ 144
AC JOINTS	$ 117
ANKLE	$ 117
ARM	$ 117
BACK	$ 117
BIOPHYSICAL PROFILE	$ 144
BREAST	$ 106
ELBOW	$ 117
FOOT	$ 117
FOREARM	$ 117
GROIN	$ 117
HAND	$ 117
HERNIA	$ 117
HIP	$ 117
IPS/NT	$ 173
KNEE	$ 117
LEG	$ 117
LUMP	$ 117
NECK	$ 117
OB DATING (<16 WEEKS)	$ 144
OB DATING (>20 WEEKS)	$ 234
OB DATING (18-20 WEEKS)	$ 144
OB HIGH RISK COMPLETE	$ 238
OB HIGH RISK LIMITED	$ 238
OBS TWINS	$ 184
OTHER MUSCLE	$ 117
PELVIC COMPLETE	$ 218
PELVIC LIMITED	$ 144
PLEURAL E.	$ 212
RENAL & BLADDER	$ 288
SHOULDER	$ 117
TESTES/SCROTUM	$ 206
THYROID	$ 206
TRANSABDOMINAL PROSTATE	$ 144
TRANSVAGINAL	$ 218
WALL MASS	$ 212
WRIST	$ 117
Trans-rectal	$ 218

X-RAY	TOTAL COST
AC JOINTS	$ 130
ACUTE (2-3)	$ 98
ADENOIDS	$ 66
ANKLE (2-3)	$ 65
ANKLE (4+)	$ 98
BONE AGE	$ 65
CALCANEUS (2)	$ 65
CALCANEUS (3+)	$ 98
CERVICAL SPINE (2-3)	$ 104
CERVICAL SPINE (4-5)	$ 136
CERVICAL SPINE (6+)	$ 165
CHEST (1)	$ 65
CHEST (2)	$ 99
CHEST (3+)	$ 124
CLAVICLE	$ 65
ELBOW (2)	$ 65
ELBOW (3-4)	$ 98
EYE (F.B)	$ 72
FACIAL BONES	$ 98
FEMUR (2)	$ 65
FEMUR (3+)	$ 96
FINGER OR THUMB (3+)	$ 65
FOOT (2-3)	$ 65
FOOT (4+)	$ 98
FOREARM	$ 65
FOREIGN BODY	$ 72
HAND (2-3)	$ 65
HAND (4+)	$ 98
HAND & WRIST (2-3)	$ 105
HAND & WRIST (4+)	$ 132
HUMERUS	$ 65
KINEE (3-4)	$ 65
KNEE (2)	$ 98
KNEE (5+)	$ 130
KUB	$ 65
LUMBAR SPINE (2)	$ 104
LUMBAR SPINE (4-5)	$ 136
MANDIBLE (3)	$ 98
MANDIBLE (4+)	$ 132

X-RAY	TOTAL COST
MASTOIDS	$ 131
NASAL BONES	$ 65
ORBITS	$ 72
PELVIS	$ 65
PELVIS & LEFT HIP	$ 130
PELVIS & RIGHT HIP	$ 114
PELVIS AND BOTH HIPS	$ 114
RIB	$ 79
S.I. JOINTS (2-3)	$ 98
SACRUM & COCCYX (2)	$ 94
SACRUM & COCCYX (3+)	$ 128
SCAPHOID (2-3)	$ 65
SCAPULA (2)	$ 79
SCAPULA (3+)	$ 112
SHOULDER	$ 111
SINUSES	$ 94
SKULL (3-4)	$ 132
SKULL (5+)	$ 164
SOFT TISSUE (LOWER EXTREMITY)	$ 97
SOFT TISSUE (UPPER EXTREMITY)	UNKNOWN
SOFT TISSUE OF NECK	$ 66
SOLIOSIS SERIES (4+)	$ 228
STERNO-CLAVICULAR JOINTS (2-3)	$ 79
STERNUM (2+)	$ 79
T.M. JOINTS (4+)	$ 98
THORACIC SPINE (2)	$ 97
THORACIC SPINE (3+)	$ 125
TIBIA & FIBULA (2)	$ 65
TIBIA & FIBULA (3+)	$ 98
TOES (3+)	$ 72
WRIST (2-3)	$ 65
WRIST (4+)	$ 98

BMD	TOTAL COST
BONE DENSITY: 3 YEARS ONE SITE	$ 248
BONE DENSITY: 3 YEARS TWO SITE	$ 310
BONE DENSITY: 5 YEARS ONE SITE	$ 248
BONE DENSITY: 5 YEARS TWO SITE	$ 310
BONE DENSITY: BASELINE ONE SITE	$ 248
BONE DENSITY: BASELINE TWO SITE	$ 310
BONE DENSITY: HIGH RISK ONE SITE	$ 248
BONE DENSITY: HIGH RISK TWO SITE	$ 310
BONE DENSITY: BASELINE ONE SITE SECOND STUDY	$ 248
BONE DENSITY: BASELINE TWO SITE SECOND STUDY	$ 310
Mammo	TOTAL COST
MG-Breast Diagnostic (Bilateral) Signs or Symptoms	$ 205
MG Breast Diagnostic (Unilateral) Signs or Symptoms	$ 143
Additional Coned views	$ 33
MG Breast Diagnostic (Bilateral) No Signs or Symptoms	$ 205
MG Breast Diagnostic (Unilateral) No Signs or Symptoms	$ 143

Prices are subject to change based on Ministry of Health and OMA guidelines.

Consent Process:

All prices are communicated to the patient prior to their appointment verbally or via text msg.

Appointments are only booked after the patient consents to the services.

If you (patient) believe that you have been charged for
in insured service or access to an insured service,
please contact our office for full refund. Alternatively, you may reach out to MOH at
protectpublichealthcare@ontario.ca or 1-888-662-6613