



A PARTNERSHIP OF X-RAY MEDICAL GROUP AND
SHARP GROSSMONT HOSPITAL

Cash Pay Fee Schedule

Procedure	Fee
MRI W/O CONTRAST	\$450.00
MRI W/CONTRAST	\$550.00
MRI EXTREMITY	\$450.00
CT SCAN W/O CONTRAST	\$275.00
CT SCAN W/CONTRAST	\$360.00
CT SCAN W/&W/O CONTRAST	\$400.00
CT CALCIUM SCORING	\$100.00
CT VIRTUAL COLONOSCOPY	\$600.00
DEXA – BONE DENSITY	\$120.00
MAMMO SCREENING	\$150.00
MAMMO DIAGNOSTIC ULTRASOUND/BILATERAL	\$200.00
BREAST ULTRASOUND	\$120.00
BREAST MRI	\$550.00
BREAST BIOPSY	\$950.00
DUCTOGRAM	\$200.00
ULTRASOUND (EXCLUDES BREAST)	\$200.00
ULTRASOUND (BREAST)	\$120.00
ULTRASOUND (PELVIC)	\$250.00