



YOUR GUIDE TO CLEAR COSTS



Clarity Care

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Lenexa, KS 66215
ClarityCareKC.com

CT PRICING

Standard Fee				
Out-of-pocket cost may be less after insurance.				
Call (913) 944-4928 for an estimate.				
Exam	Without Contrast	With Contrast*	Without + With Contrast*	Angiography (CTA)
Abdomen	\$330	\$525	\$540	\$645
Abdomen +Pelvis	\$440	\$740	\$830	\$910
Chest/Thorax	\$320	\$405	\$480	\$585
Extremity-Lower	\$315	\$405	\$470	\$590
Extremity-Upper	\$345	\$495	\$520	\$585
Head/Brain	\$255	\$360	\$420	\$580
Heart Calcium Scoring Screening	\$235	n/a	n/a	n/a
Lung Cancer Screening	\$330	n/a	n/a	n/a
Neck Soft Tissue	\$360	\$445	\$540	\$580
Pelvis	\$320	\$515	\$520	\$585
Sinus/Maxillofacial	\$310	\$370	\$450	n/a
Spine-Cervical/Neck	\$315	\$410	\$480	n/a
Spine-Lumbar/Lower	\$315	\$410	\$480	n/a
Spine-Lumbar/Chest	\$315	\$410	\$480	n/a

Cash Discount Price				
Pay prior to service, no insurance claims				
Without Contrast	With Contrast*	Without + With Contrast*	Angiography (CTA)	
\$300	\$350	\$400	\$525	
\$395	\$650	\$750	\$820	
\$300	\$350	\$400	\$525	
\$300	\$350	\$400	\$525	
\$300	\$350	\$400	\$525	
\$225	\$350	\$400	\$525	
\$100	n/a	n/a	n/a	
\$300	n/a	n/a	n/a	
\$300	\$350	\$400	\$525	
\$300	\$350	\$400	\$525	
\$300	\$350	\$400	n/a	
\$300	\$350	\$400	n/a	
\$300	\$350	\$400	n/a	
\$300	\$350	\$400	n/a	

BREAST IMAGING PRICING

Standard Fee	
Out-of-pocket cost may be less after insurance.	
Call (913) 944-4928 for an estimate.	
Exam	Price
Mammogram, Screening, with Tomosynthesis*	\$355
Mammogram, Diagnostic with Tomo, Both Breasts	\$595
Mammogram, Diagnostic with Tomo, One Breast	\$470
MRI, Breast - Complete	\$690
MRI Breast-FAST/ Limited	\$500
Ultrasound Breast, Complete	\$205
Ultrasound Breast, Limited	\$170

Cash Discount Price	
Pay prior to service, no insurance claims	
Price	
\$200	
\$200	
\$200	
\$625	
\$450	
\$125	
\$100	

*Screening mammograms are 100% covered by most insurance plans annually starting at age 40.



ULTRASOUND PRICING

		Standard Fee	Cash Discount Price
		Out-of-pocket cost may be less after insurance.	Pay prior to service, no insurance claims
		Call (913) 944-4928 for an estimate.	
Exam		Price	Price
Abdomen, Complete		\$230	\$150
Abdomen, Limited		\$170	\$115
Abdominal Aortic Aneurysm Screening		\$210	\$190
Arms, Duplex Scan, Complete		\$385	\$345
Arm(s), Duplex Scan, Limited		\$240	\$215
Arterial Inflow/Venous Outflow, Complete		\$515	\$465
Arterial Inflow/Venous Outflow, Limited		\$280	\$255
Breast, Complete		\$205	\$125
Breast, Limited		\$170	\$100
Chest		\$130	\$110
Extremity Arteries, Physiologic, Limited		\$160	\$145
Extremity Arteries, Physiologic, Complete		\$255	\$230
Extremity Veins, Duplex Scan, Complete		\$365	\$325
Extremity Veins, Duplex Scan, Limited		\$230	\$210
Extremity, Non Vascular, Limited		\$125	\$115
Extracranial Arteries (Carotids, etc.), bilateral		\$370	\$250
Extracranial Arteries (Carotids, etc.), Limited		\$245	\$165
Head/Neck Soft Tissues		\$215	\$150

ULTRASOUND PRICING

Exam	Price
OB <14 Weeks Single Fetus, Complete	\$235
OB <14 Weeks Additional Fetus, Complete	\$120
OB >= 14 Weeks Single Fetus, Complete	\$270
OB >=14 Weeks Additional Fetus, Complete	\$175
OB, Fetal Biophysical Profile	\$170
OB, Follow Up, per fetus	\$220
OB, Limited	\$160
OB, Transvaginal	\$185
OB, Umbilical Artery Doppler	\$90
Legs, Duplex Scan, Complete	\$465
Leg(s), Duplex Scan, Limited	\$250
Pelvis, Complete	\$210
Pelvis, Limited	\$100
Retroperitoneal, Complete	\$215
Retroperitoneal, Limited	\$120
Scrotum	\$195
Transvaginal, Non-OB	\$235

Price
\$150
\$80
\$150
\$100
\$100
\$125
\$100
\$100
\$80
\$420
\$225
\$150
\$90
\$195
\$110
\$150
\$150

MRI PRICING

Standard Fee

Out-of-pocket cost may be less after insurance.

Call (913) 944-4928 for an estimate.

Exam	Without Contrast	With Contrast*	Without + With Contrast*
Abdomen	\$550	\$855	\$955
Abdomen MR Angiography	\$940	\$940	\$940
Brain	\$540	\$755	\$890
Breast-Complete	\$690	\$690	\$690
Breast-Fast/Ltd	\$500	\$500	\$500
Chest	\$740	n/a	\$1,170
Chest MR Angiography	\$940	\$940	\$940
Extremity-Lower-Joint	\$560	\$895	\$1,100
Extremity-Lower-Non Joint	\$630	n/a	\$955
Extremity-Lower-MR Angiography	\$940	\$940	\$940
Extremity-Upper-Joint	\$560	\$895	\$1,105
Extremity-Upper-Non Joint	\$725	n/a	\$1,170
Face, Neck and/or Orbits	\$635	\$410	\$480
Head MR Angiography	\$595	\$630	\$910
Neck MR Angiography	\$600	\$675	\$955
Pelvis	\$645	n/a	\$955
Pelvis MR Angiography	\$945	\$945	\$945
Prostate	n/a	n/a	\$955
Spine-Cervical/Neck	\$530	\$770	\$895
Spine-Lumbar/Lower	\$530	\$770	\$895
Spine-Thoracic/Chest	\$530	\$770	\$895

Cash Discount Price

Pay prior to service, no insurance claims

Without Contrast	With Contrast*	Without + With Contrast*
\$500	\$750	\$850
\$850	\$850	\$850
\$500	\$700	\$800
\$625	\$625	\$625
\$450	\$450	\$450
\$650	n/a	\$1,050
\$850	\$850	\$850
\$500	\$600	\$1,000
\$550	n/a	\$850
\$850	\$850	\$850
\$500	\$600	\$1,000
\$650	n/a	\$1,050
\$300	\$350	\$400
\$550	\$600	\$800
\$550	\$600	\$850
\$600	n/a	\$850
\$850	\$850	\$850
n/a	n/a	\$900
\$500	\$700	\$800
\$500	\$700	\$800
\$500	\$700	\$800

DEXA BONE DENSITY PRICING

Standard Fee	
Out-of-pocket cost may be less after insurance.	
Call (913) 944-4928 for an estimate.	
Exam	Price
Axial (e.g., hips, pelvis, spine)	\$80
Peripheral (forearm, wrist, heel)	\$65
Body Composition	n/a

Cash Discount Price	
Pay prior to service, no insurance claims	
Price	
\$60	
\$60	
\$60	



X-RAY PRICING

	Standard Fee	Cash Discount Price
	Out-of-pocket cost may be less after insurance.	Pay prior to service, no insurance claims
	Call (913) 944-4928 for an estimate.	
Exam	Price	Price
Abdomen, 1 view	\$60	\$55
Abdomen, 2 views	\$75	\$65
Ankle, 2 views	\$65	\$55
Ankle, 3+ views	\$75	\$55
Arm, Upper (Humerus)	\$65	\$55
Chest 1 view	\$50	\$45
Chest 2 views	\$70	\$55
Clavicle (collarbone)	\$65	\$60
Elbow, 2 views	\$60	\$55
Elbow, 3 views	\$65	\$55
Finger(s), 2+ views	\$75	\$70
Foot, 2 views	\$60	\$50
Foot, 3+ views	\$70	\$55
Forearm, 2 views	\$60	\$55
Hand, 2 views	\$65	\$60
Hand, 3 views	\$75	\$60
Hip, 1 view	\$65	\$55
Hip, 2-3 views	\$95	\$55
Hips, 2 views	\$85	\$75
Hips, 3-4 views	\$105	\$95
Hips, 5+ views	\$125	\$110
Knee, 1-2 views	\$70	\$55
Knee, 3 views	\$80	\$55

X-RAY PRICING

Exam	Price
Knee, 4+ views	\$95
Knees, standing, 1 view	\$80
Leg, Lower (Tibia & Fibula) 2 views	\$65
Leg, Upper (Femur) 2+ views	\$70
Pelvis, 1-2 views	\$55
Ribs, unilateral 2 views	\$75
Ribs/Chest, 3+ views	\$85
Sacroiliac Joints, 3+ views	\$80
Sacrum & Coccyx (tailbone)	\$65
Sacroiliac Joints, 3+ views	\$80
Sacrum & Coccyx (tailbone)	\$65
Shoulder, 1 view	\$45
Shoulder, 2+ views	\$70
Spine, Cervical, thoracic or lumbar, 1 view	\$50
Spine-Cervical/Neck 2-3 views	\$80
Spine-Cervical/Neck 4-5 views	\$105
Spine-Cervical/Neck 6+ views	\$125
Spine-Lumbar/Lower 2-3 views	\$80
Spine-Lumbar/Lower 4+ views	\$105
Spine, Scoliosis Evaluation 1 view	\$85
Spine, Scoliosis Evaluation 2-3 views	\$140
Spine-Thoracic/Chest 2 views	\$65
Spine-Thoracic/Chest 3 views	\$80
Wrist, 2 views	\$70
Wrist, 3 views	\$80

Price
\$85
\$70
\$55
\$55
\$50
\$65
\$75
\$70
\$60
\$70
\$60
\$40
\$55
\$45
\$70
\$90
\$110
\$70
\$90
\$75
\$125
\$55
\$70
\$55
\$55





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