

Fee Schedule for Uninsured Patients

ULTRASOUND	TOTAL COST
ABDOMEN COMPLETE	\$ 196
ABDOMEN LIMITED	\$ 129
ABDOMINAL WALL	\$ 129
AC JOINTS	\$ 105
ANKLE	\$ 105
ARM	\$ 105
BACK	\$ 105
BIOPHYSICAL PROFILE	\$ 129
BREAST	\$ 96
ELBOW	\$ 105
FOOT	\$ 105
FOREARM	\$ 105
GROIN	\$ 105
HAND	\$ 105
HERNIA	\$ 105
HIP	\$ 105
IPS/NT	\$ 159
KNEE	\$ 105
LEG	\$ 105
LUMP	\$ 105
NECK	\$ 105
OB DATING (<16 WEEKS)	\$ 129
OB DATING (>20 WEEKS)	\$ 196
OB DATING (18-20 WEEKS)	\$ 196
OB HIGH RISK COMPLETE	\$ 196
OB HIGH RISK LIMITED	\$ 129
OBS TWINS	\$ 165
OTHER MUSCLE	\$ 105
PELVIC COMPLETE	\$ 196
PELVIC LIMITED	\$ 129
PLEURAL E.	\$ 191
RENAL & BLADDER	\$ 259
SHOULDER	\$ 105
TESTES/SCROTUM	\$ 185
THYROID	\$ 185
TRANSABDOMINAL PROSTATE	\$ 129
TRANSVAGINAL	\$ 196
WALL MASS	\$ 191
WRIST	\$ 105

X-RAY	TOTAL COST
AC JOINTS	\$ 117
ACUTE (2-3)	\$ 88
ADENOIDS	\$ 59
ANKLE (2-3)	\$ 58
ANKLE (4+)	\$ 88
BONE AGE	\$ 58
CALCANEUS (2)	\$ 58
CALCANEUS (3+)	\$ 88
CERVICAL SPINE (2-3)	\$ 94
CERVICAL SPINE (4-5)	\$ 122
CERVICAL SPINE (6+)	\$ 148
CHEST (1)	\$ 58
CHEST (2)	\$ 89
CHEST (3+)	\$ 111
CLAVICLE	\$ 58
ELBOW (2)	\$ 58
ELBOW (3-4)	\$ 88
EYE (F.B)	\$ 65
FACIAL BONES	\$ 88
FEMUR (2)	\$ 58
FEMUR (3+)	\$ 86
FINGER OR THUMB (3+)	\$ 58
FOOT (2-3)	\$ 58
FOOT (4+)	\$ 88
FOREARM	\$ 58
FOREIGN BODY	
HAND (2-3)	
HAND (4+)	
HAND & WRIST (2-3)	\$ 95
HAND & WRIST (4+)	\$ 118
HUMERUS	\$ 58
KINEE (3-4)	\$ 88
KNEE (2)	\$ 58
KNEE (5+)	\$ 117
KUB	\$ 58
LUMBAR SPINE (2)	\$ 94
LUMBAR SPINE (4-5)	\$ 122
MANDIBLE (3)	\$ 88
MANDIBLE (4+)	\$ 118

X-RAY	TOTAL COST
MASTOIDS	\$ 117
NASAL BONES	\$ 58
ORBITS	\$ 65
PELVIS	\$ 58
PELVIS & LEFT LIP	\$ 102
PELVIS & RIGHT HIP	\$ 102
PELVIS AND BOTH HIPS	\$ 117
RIB	\$ 71
S.I. JOINTS (2-3)	\$ 88
SACRUM & COCCYX (2)	\$ 84
SACRUM & COCCYX (3+)	\$ 115
SCAPHOID (2-3)	\$ 58
SCAPULA (2)	\$ 71
SCAPULA (3+)	\$ 100
SHOULDER	\$ 99
SINUSES	\$ 83
SKULL (3-4)	\$ 118
SKULL (5+)	\$ 147
SOFT TISSUE (LOWER EXTREMITY)	
SOFT TISSUE (UPPER EXTREMITY)	
SOFT TISSUE OF NECK	\$ 59
SOLIOSIS SERIES (4+)	\$ 204
STERNO-CLAVICULAR JOINTS (2-3)	\$ 71
STERNUM (2+)	\$ 71
T.M. JOINTS (4+)	\$ 88
THORACIC SPINE (2)	\$ 87
THORACIC SPINE (3+)	\$ 112
TIBIA & FIBULA (2)	\$ 58
TIBIA & FIBULA (3+)	\$ 88
TOES (3+)	\$ 65
WRIST (2-3)	\$ 58
WRIST (4+)	\$ 88

BMD	TOTAL COST
BONE DENSITY: 3 YEARS ONE SITE	\$ 224
BONE DENSITY: 3 YEARS TWO SITE	\$ 279
BONE DENSITY: 5 YEARS ONE SITE	\$ 224
BONE DENSITY: 5 YEARS TWO SITE	\$ 279
BONE DENSITY: BASELINE ONE SITE	\$ 224
BONE DENSITY: BASELINE TWO SITE	\$ 279
BONE DENSITY: HIGH RISK ONE SITE	\$ 224
BONE DENSITY: HIGH RISK TWO SITE	\$ 279

G.I. TRACT	TOTAL COST
UPPER G.I. SERIES	\$ 256

Prices are subject to change based on Ministry of Health and OMA guidelines. If a lower price has been offered to the patient during the change process, the lower price will be honored.

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.

Insured 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