



Magnificat Family Medicine Patient Fee Schedule*

Completion of Forms: \$25

Disability, Insurance, Attending Physician Statements, FMLA, Daycare, and all other forms.

No call, No show: \$25

This includes short-notice cancellations (less than 24 hours). Repeated no shows may result in being released from the practice.

Self-Pay Patient Fee: \$177 office visit fee

Self-Pay patients are billed at a 35% discount from our normal procedure pricing. You may receive a bill for the remaining balance related to your visit. Fees may vary depending on the type of visit and services rendered.

Self-Pay Televisit Fee: \$75

This fee should be paid prior to the televisit by contacting our office.

Medical Records Copies: \$50 for up to 100 pages, \$20 for every additional 100 pages

Creighton Fertility Care Products

Starter Kit: \$60

Picture Dictionary: \$25

Sperm Kits

Fellow (at home kit): \$180

Regular kit: \$25

Early Gender Reveal Ultrasound: \$50

3D/4D Ultrasound Packages

Standard: \$89

Premium: \$120

Platinum: \$150

Returned Check Fee: \$49



Magnificat Family Medicine Patient Fee Schedule*

**This form lists fees for our most common services. Fees are subject to change. Some services may not be listed here.*