

Exam Fee Schedule

Last Modified on 08/21/2024 10:26 am EDT



Exam Fee Schedule

Review to provide self pay, cost, prices, etc. to patients.

[Exam Fee Schedule_08.21.24.xlsx](#)

When entering Self-Pay as the insurance, please enter the patient's date of birth as the policy number (2-digit month, 2-digit day, 4-digit year; all together with no spaces, hyphens or dashes).

Example:

Plan*	SELF PAY		Type	Other	
Carrier	SELF PAY				
Zip Code	22031	Address	3015 WILLIAMS DR		
City	FAIRFAX	State	Virginia	Country	United States
Work Phone	(703) 641-9133	Fax		Email	
Policy No.*	09062023	Group No.			
Insured Name	TEST, EC - (Self)		Status	Active	
Start Date (MM/dd/yyyy)		End Date (MM/dd/yyyy)	Rank	1	
Special Program Code		Release Signed	Release Date		

EDITED: 08/21/2024