Cleveland Clinic

2024 Self-Pay

The Department of Executive Health offers services designed to help you successfully manage your health. Specifically, our program is aimed at promoting wellness and targeting, reducing and removing health risks. The services below have been discounted for self-payors and therefore CANNOT be billed to insurance. Please understand that by signing this waiver, you accept full responsibility for the entire cost of the Executive Health Program. Payment for self-pay services is requested before or on the date of service.

RECOMMENDED CORE SERVICES	WOMEN	MEN
Scheduling, pre-visit call with RN, history/physical assessment, basic vision testing and tonometry by RN, and detailed report letter	$1,346	$1,346
Hearing test	$183	$183
Electrocardiogram	$180	$180
Retinal fundus photography	$286	$286
Laboratory panel: complete blood count (CBC) with differential, lipid profile, complete metabolic profile (CMP), thyroid-stimulating hormone (TSH), urinalysis, thyroxine (free T4), uric acid, phosphorous, magnesium, gamma-glutamyl transferase (GGT), ultra-sensitive C-reactive protein (U-CRP), lipoprotein (a), vitamin B12, albumin creatinine ratio (uACR), testosterone (*men only*), hemoglobin A1C (HbA1C), apolipoprotein B (ApoB), total iron-binding capacity (TIBC), 25-hydroxy vitamin D, ferritin, venipuncture	$255.97	$322.65
Prostate-specific antigen (PSA) test (*men only*)	N/A	$13.93
Hepatitis C screening (*18-79 years of age, one time only*)	$23.11	$23.11
HIV screening (*one time only*)	$28.37	$28.37
Spirometry	$330	$330
Mammogram	$306	N/A
Body composition and nutritional consultation	$280	$280
General fitness assessment	$225	$225
Personal and executive coaching	$341	$341
SERVICES DEPENDENT UPON AGE AND/OR RISK FACTORS		
Exercise stress test	$860	$860
Bone densitometry	$170	$170
Chest x-ray	$108	$108
Low-dose radiation CT lung scan	$275	$275
Coronary calcium score test	$45	$45
Noninvasive vascular screening	$180	$180
Pap smear (*If further evaluation is necessary, a $47 charge will be incurred.)*	$87.87	N/A
HPV screening	$170.39	N/A

Immunizations	
Influenza vaccine (seasonal, regular dose)	$44
Fluzone high-dose seasonal influenza vaccine	$150
Tetanus, diphtheria and pertussis vaccine (TDAP)	$114
Pneumovax-23 vaccine (*Streptococcus pneumoniae*)	$275
PREVNAR 20 vaccine (pneumococcal 20-valent conjugate)	$600
Shingrix vaccine (shingles)	$328
Hepatitis A vaccine (per dose)	$178
Hepatitis B vaccine (per dose)	$ 150
COVID-19 vaccine Respiratory syncytial virus (RSV) vaccine	$90 $307
Administration of first injection Administration of additional injections	$89 $35

Additional Services	
Dermatology consultation	$415
Ophthalmology consultation	$420
Screening colonoscopy	$3,070
Genetics consultation	$297
Additional appointment requests (not listed)	Varies

I have been notified that the above services have been discounted and are not billable to insurance. Pricing is subject to change. I agree to be personally and fully financially responsible for any of the above charges billed to me.

Patient Name (print)

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Signature _____Date _____