

	<b>MICHAEL HIRT, MD</b>	
	<b>THE CENTER FOR INTEGRATIVE MEDICINE</b>	
	<b>2026 PRICE LIST</b>	
ITEM LOOK UP CODE	DESCRIPTION	
	<b>OFFICE VISITS</b>	
<b>5001</b>	NEW PATIENT VISIT	\$ 363.00
<b>5002</b>	FOLLOW-UP OFFICE VISIT	\$ 118.00
<b>5003</b>	EXTENDED OFFICE VISIT	\$ 228.00
<b>5004</b>	TELE HEALTH/PHONE CONSULTATIONS	\$ 143.00
<b>5004.1</b>	TeleHealth/After hours	\$ 855.00
<b>5005</b>	HOSPITAL VISITS	\$ 218.00
<b>5006</b>	Urgent Care - Business hours	\$ 190.00
<b>5007</b>	Urgent Care - After hours	\$ 285.00
<b>5011</b>	Double Appointment	\$ 236.00
<b>5012</b>	Triple Appointment	\$ 354.00
	<b>DIAGNOSTICS</b>	
<b>6001</b>	ONE BLOOD/URINE/CULTURE/STOOL PANEL	\$ 30.00
<b>6002</b>	TWO BLOOD/URINE/CULTURE/STOOL PANEL	\$ 44.00
<b>6003</b>	THREE BLOOD/URINE/CULTURE/STOOL PANEL	\$ 58.00
	<b>IMAGING ORDERS</b>	
<b>7000</b>	FOR EACH MRI, CAT SCAN, X-RAY, ULTRASOUND, NUCLEAR MEDICINE TEST ORDERED BY DR HIRT	\$ 46.00
<b>7002</b>	EKG	\$ 44.00
<b>7003</b>	SPIROMETRY	\$ 58.00
<b>7006</b>	RAPID STREP TEST	\$ 30.00
<b>7007</b>	SPIROMETRY w/Bronch	\$ 81.00
	<b>IN-OFFICE PROCEDURES AND INJECTIONS</b>	
<b>8001</b>	PROLOZONE (PER JOINT OR AREA)	\$ 120.00
<b>8002</b>	LASER NEEDLE INTO MUSCLE/JOINT (PER NEEDLE)	\$ 251.00
<b>8003</b>	CRYOSURGERY (UP TO THREE LESIONS, ONE AREA)	\$ 112.00
<b>8004</b>	CRYOSURGERY (MORE THAN THREE LESIONS, TWO+ AREAS)	\$ 222.00
<b>8005</b>	INCISION AND DRAINAGE OF A WOUND/INFECTION	\$ 114.00
<b>8006</b>	CERUMEN DISIMPACTION	\$ 88.00
<b>8007</b>	REMOVAL OF STITCHES	\$ 109.00
<b>8009</b>	PRP-HAIR RESTORATION	\$ 693.00
<b>8011</b>	OMG! TREATMENT MALE	\$ 750.00
<b>8013</b>	STEM CELL INJECTION PER JOINT	\$ 1,976.00
<b>8014</b>	STEM CELL INJECTION FOR REJUVENATION/COSMETIC	\$ 7,590.00
<b>8015</b>	TETANUS VACCINE	\$ 60.00
<b>8016</b>	B12 SHOT (PER CC)	\$ 33.00

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<b>ITEM LOOK UP CODE</b>	<b>DESCRIPTION</b>	
<b>8017</b>	TESTOSTERONE INJECTION (UP TO 200MG)	\$ <b>38.00</b>
<b>8018</b>	TORADOL INJECTION (UP TO 60MG)	\$ <b>50.00</b>
<b>8019</b>	ROCEPHIN INJECTION (UP TO 2GMS)	\$ <b>53.00</b>
<b>8020</b>	HCG PCKG OF 42 INJECTIONS	\$ <b>1,092.00</b>
	<b>TELEHEALTH</b>	
<b>9001</b>	TRIAGE (MEDICAL CARE/ADVICE PROVIDED VIA TELEPHONE, FAX, OR ELECTRONIC MEDIUM)	\$ <b>81.00</b>
<b>9002</b>	MEDICATION REFILL (IF NO APPOINTMENT WITHIN 3 MONTHS)	\$ <b>58.00</b>
<b>9003</b>	INSURANCE PRIOR AUTHORIZATION INITIATION & SUPPORT	\$ <b>77.00</b>
<b>9004</b>	CONTROLLED SUBSTANCE ELECTRONIC REFILL (IF IN OFFICE VISIT WITHIN 3 MONTHS)	\$ <b>30.00</b>
<b>060</b>	INTRAVENOUS HYDRATION PER DAY	\$ <b>155.00</b>
<b>0020</b>	FLU VACCINE	\$ <b>60.00</b>
<b>8023</b>	INTRAVENOUS ANTIBIOTICS (Per Day)	\$ <b>211.00</b>
	<b>MyBestFace</b>	
<b>5013</b>	Gold	\$ <b>755.00</b>
<b>5014</b>	Platinum	\$ <b>959.00</b>
<b>5015</b>	UltraMax	\$ <b>1,349.00</b>