

COVID-19 Testing

Service	Billing (CPT) Code	The Everett Clinic Self Pay Fee	15% Prompt Pay Incentive
CHG ANTB SEVERE AQT RESPIR SYND SARS-COV-19	86769	\$44.25	\$37.61
PR COV-19 TEST NON-CDC HGH THRU	U0004	\$170.00	\$144.50
INFEC AGEN DETEC AMPLI PROBE	U0005	\$50.00	\$42.50

Disclaimer: While The Everett Clinic strives to give you accurate information regarding prices and estimated costs, several factors may affect pricing, including, but not limited to: (1) Time of selection: Prices are subject to change at any time. (2) Additional expenses: Beyond what's defined, some laboratory and professional fees, such as a physician, radiologist, anesthesiologist, and pathologist, may not be included in this estimate. (3) Additional services: Your health condition may require additional time with the same practitioner, specialist or a different condition than scheduled.