

**Indian Health Service
Fee Schedule
January 1, 2013**

Rev. Code	Description	Amount
100	Hospital Room and Board	\$2,272.00
300	Lab	\$330.00
400	Radiology	\$330.00
500	Outpatient Visit	\$330.00
509	Other Outpatient	\$330.00
512	Dental	\$330.00
513	Mental Health	\$330.00
519	Other Clinic	\$330.00
771	Vaccine Administration	\$9.50
987	Professional Fees – Hospital	\$223.42