

BERGEN

IMAGECARE AT FAIRLAWN
00-100 28th St

ESSEX

IMAGECARE AT MILBURN
120 Millburn Ave, Ste 101
IMAGECARE AT WEST ORANGE
61 Main St

HUNTERDON

PINK BREAST CENTER
3 Walter E Foran Blvd, Ste 312
Flemington, NJ

MIDDLESEX

IMAGECARE AT EAST BRUNSWICK
620 Cranbury Rd Ste 10
IMAGECARE AT WOODBRIDGE
530 Green St, Iselin, NJ

MONMOUTH

IMAGECARE AT MIDDLETON
1275 Route 35 North

MORRIS

IMAGECARE AT DENVILLE
161 East Main St
IMAGECARE AT MORRISTOWN
95 Madison Ave, Ste B02/03

IMAGECARE AT ROCKAWAY
66 East Main St
IMAGECARE AT JEFFERSON
757 Route 15 South

PASSAIC

IMAGECARE AT WAYNE
601 Hamburg Tpk, Ste 201
PINK BREAST CENTER
680 Broadway, Ste 111
Patterson, NJ

SUSSEX

IMAGECARE AT FRANKLIN
406 Rt 23 North
IMAGECARE AT SPARTA
222 High St, Ste 101
89 S Sparta Ave, Ste 110/120
376 Lafayette Rd
540 Lafayette Rd
IMAGECARE AT VERNON
212 Rt 94

WARREN

IMAGECARE AT HACKETTSTOWN
57 US-46, Ste 212
IMAGECARE AT OPEN 3T
657 Willow Grove St
Hackettstown, NJ



We provide many payment options including all major credit cards, check, cash or Care Credit. We can also work with you to set up a payment plan. Our goal is to make sure you get the care you need. Our billing office will be happy to assist you.

For billing inquiries, call 908.979.1621, option #3.

P: 973.871.3333 F: 973.871.3334 imagecarecenters.com



Prices are subject to change. Please visit imagecarecenters.com/selfpay for the most up-to-date pricing.

MRI

MRI W/O	\$650
MRI W W/O	\$750
3T MRI: W/O	\$750
3T MRI: W W/O	\$850
MRI BREAST	\$850
MRI ARTHROGRAM	\$850
MRI PROSTATE W/ DYNACAD	\$850
MRI CARDIAC	\$850
MRA RUN OFF	\$1,200

CT

CT W/O	\$400
CT WITH	\$450
CT W W/O	\$475
CTA	\$800
CT LUNG SCREENING	\$225
CALCIUM SCORE	\$85

CARDIAC CT

CT HEART W/O DYE	\$400
CALCIUM SCORE	\$85
CT HEART W/ HEART FLOW	\$1,600
CTA HEART W/3D IMAGE	\$1,000

MAMMOGRAM

SCREENING	\$250
DIAGNOSTIC UNILATERAL	\$275
DIAGNOSTIC BILATERAL	\$350

DEXA

BONE DENSITY	\$175
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PET

SKULL TO THIGH (FDG)	\$2,500
WHOLE BODY (FDG)	\$3,000
AMYLOID (AMYVID-BRAIN)	\$6,000
AXUMIN	\$9,000
FDG BRAIN (NO AMYVID JUST FDG)	\$2,500

XRAY

ABDOMEN	\$75
ABDOMEN KUB	\$75
ABDOMEN W/ OBLIQUES	\$100
AC JOINTS	\$75
ANKLE COMPLETE	\$75
BONE AGE	\$100
CERVICAL COMPLETE	\$100
CHEST 1 VIEW	\$35
CHEST PA/LAT	\$65
CLAVICLE COMPLETE	\$50
ELBOW COMPLETE	\$75
EYE FOREIGN BODY	\$75
FACIAL BONES COMPLETE	\$75
FEMUR 1 VIEW	\$50
FEMUR 2 VIEWS	\$80
FINGERS 2 VIEWS	\$50
FOOT COMPLETE	\$70
FOREARM COMPLETE	\$70
HAND	\$60
HEEL / CALCANEUS	\$65
HIP BILATERAL + PELVIS	\$185
HIP UNILATERAL + PELVIS	\$95
HUMERUS COMPLETE	\$75
KNEE 3 VIEWS	\$60
KNEE COMPLETE	\$65
KNEES BILATERAL STANDING	\$85
LUMBAR 2-3 VIEWS	\$85
LUMBAR COMPLETE 4 VIEWS	\$110
NASAL BONE	\$110
NECK SOFT TISSUE	\$50
PELVIS COMPLETE	\$65
RIBS BILATERAL	\$80
RIBS UNILATERAL	\$65
SACRUM COCCYX	\$90
SCAPULA	\$110
SCOLIOSIS SERIES	\$90
STERNOCLAVICULAR JT	\$75
SHOULDER COMPLETE	\$75
SI JOINTS	\$90

SINUSES 3 VIEW	\$95
SKULL 4 VIEWS	\$95
STERNUM	\$70
THORACIC COMPLETE	\$65
TIB/FIB COMPLETE	\$90
TMJ	\$175
TOE 2 VIEWS	\$50
WRIST	\$75

ULTRASOUND

ABDOMEN (LMTD)	\$150
ABDOMEN COMPLETE	\$300
BILAT UPPER EXT - ARTERIAL	\$350
BILAT VENO DOPPLER	\$350
BLADDER/PROSTATE (LMTD)	\$150
BREAST BILATERAL	\$375
BREAST CONSULT	\$150
BREAST UNILATERAL	\$250
CAROTID DUPLEX	\$350
CORTICOSTEROID INJECTION	\$350
DOPPLER - AORTA	\$125
DOPPLER - ABD, PEL, RETRO, SCROTAL	\$125
EXTREMITY NON VASCULAR	\$250
FIBROSCAN + ABDOMEN	\$250
ECHOCARDIOGRAM	\$325
GROIN	\$300
GUIDED BREAST BIOPSY	\$950
INFANT HIPS	\$250
OB 1ST TRIMESTER	\$350
OB ADD'L FETUS	\$125
OB BIOPHYSICAL PROFILE	\$300
OB BIOPHYSICAL/FETAL SURVEY	\$500
OB COMPLETE	\$300
OB LIMITED	\$225
OB TRANSVAGINAL	\$300
PELVIC NON OB COMPLETE	\$300
RETROPERITONEAL COMP	\$300
RETROPERITONEAL LMTD	\$300
SCROTAL	\$300
THYROID/SOFT TISSUE NECK	\$275

TRANSVAGINAL	\$300
UNILAT LOWER EXT - ARTERIAL	\$250
UNILAT UPPER EXT - ARTERIAL	\$250
UNILAT VENO DOPPLER	\$250

NUCLEAR MEDICINE*

BONE SCAN 3PHASE	\$1,055
BONE SCAN LIMITED	\$1,055
BONE SCAN SPECT	\$1,295
BONE SCAN WHOLE BODY	\$1,055
CISTERNOGRAM	\$1,355
GALLIUM SCAN	\$3,650
GASTRIC EMPYTING	\$1,055
HEPATOBIILIARY IMAGE W/O PHARM	\$1,055
HEPATOBIILIARY IMAGE W/PHARM	\$1,355
KIDNEY SCAN	\$1,355
LIVER SCAN	\$3,650
LIVER SCAN SPECT	\$3,650
LIVER/SPLEEN	\$1,055
LUNGSCAN	\$1,055
LUNGSCAN VQ W/AER	\$1,355
LUNG SCAN VENTILATION	\$1,355
LYMPHATICS/LYMPH	\$1,355
MECKELS SCAN BOWEL	\$1,055
NEOTECT LOC OF TUMOR	\$1,055
NEOTECT LOC OF TUMOR/SPECT	\$3,650
OCTREO SPECT 2 DAY	\$3,650
PARATHYROID IMAGING	\$1,055
RENAL FUNTION W/PHARM	\$1,355
RENOGRAM KIDNEY	\$1,355
SPLEEN SCAN	\$1,055
TAG RED BLOOD CELL	\$1,055
THYROID IMAGING SINGLE/MULTI	\$1,055
MUGA CARDIAC POLL SINGLE	\$1,055
MUGA CARDIAC POLL SINGLE	\$1,055

*Additional pharmaceutical agent charges will be incurred for all nuclear medicine tests. Payment will be required upon scheduling. Please call 973.871.3333 for more information.