American Health Dise Chille				1				1	1	
American Health Plan Skilled Nursing Facilities	Last Updated: 12/7/2020									
<u>ieursing raundes</u>	Last opuated. 12/7/2020								Amount We Estimate You Will Owe *	
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		<u>Code</u>			<u>CMS</u> <u>Required</u> Shoppable	Discounted	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u>	De-Identified Maximum Negotiated	<u>Payer-</u> Specific Negotiated	
Service Category	Service Setting	Type	<u>Code</u>	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	Cardiac valve and other major cardiothoracic procedures with cardiac catheterization with major complications or comorbidities	Yes	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	N/A No Service Volume	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	\$ 22,180.96	\$ 5,517.78	\$ 31,074.55	\$21,430.72	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		Spinal fusion except cervical without major comorbid conditions or complications (MCC)	Yes	\$ 89,541.22	\$ 16,237.64	\$ 58,989.92	\$40,682.71	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	470	Major joint replacement or reattachment of lower extremity without major comorbid conditions or complications (MCC).	Yes	\$ 26,747.32	\$ 8,070.44	\$ 37,721.88	\$26,015.09	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	473	Cervical spinal fusion without comorbid conditions (CC) or major comorbid conditions or complications (MCC).	Yes	\$ 37,083.10	\$ 10,123.74	\$ 62,430.00	\$30,020.70	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG		HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	No	\$ 69,180.99	\$ 12,375.85	\$ 48,933.51	\$33,747.25	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	No	\$ 45,651.13	\$ 8,559.98	\$ 38,996.68	\$26,894.26	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	No	\$ 36,964.29	\$ 6,745.7 <u>3</u>	\$ 37,731.25	\$23,636.02	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	Νο	\$ 45,467.21	\$ 9,438.20	\$ 41,283.64	\$28,471.47	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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				EXCEPT HIP, FOOT, FEMUR W/O						are paid by
Henritel Innetions Chau	Hermitel Impetient	DDC				\$ 34,101.03	¢ 7.420.74	\$ 43,066.25	\$34.950.0C	CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	494	CC/MCC	No	\$ 34,101.03	\$ 7,426.74	\$ 43,066.25	\$24,859.06	CPT/HCPCS
										Casa Data
										Case Rate-
										Excluding
				Uterine and adnexa procedures for						Professional
				non-malignancy without comorbid						Charges which
				conditions (CC) or major comorbid						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	743	conditions or complications (MCC)	Yes	\$ 18,033.90	\$ 3,828.29	\$ 28,968.03	\$19,977.95	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	мсс	No	\$ 16,643.21	\$ 4,255.93	\$ 31,015.82	\$21,390.22	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				RED BLOOD CELL DISORDERS W/O						-
Hospital Inpatient Stav	Hospital Inpatient	DRG			No	\$ 12 941 86	\$ 2,955,18	\$ 26,002,03	\$17 932 44	
Hospital Inpatient Stay	Hospital Inpatient	DRG		RED BLOOD CELL DISORDERS W/O	No	Ś 12.941.86	\$ 2.955.18	\$ 26,002.03	\$17,932.44	Charges which are paid by CPT/HCPCS

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		Code			<u>CMS</u> <u>Required</u>	Discounted	De-Identified Minimum	Maximum	<u>Payer-</u> Specific	
Service Category	Service Setting	<u>Code</u> Type	Code	Description	Shoppable Service?	Discounted Cash Price	Negotiated Charge	Negotiated Charge	Negotiated Charge	Estimate Type
<u>Service category</u>	<u>Service Setting</u>	туре	coue	Description	Jervice:	casirrice	charge	charge	charge	<u>Estimate Type</u>
Hospital Inpatient Stay	Hospital Inpatient	DRG	928	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	No	\$ 100,447.05	\$ 21,639.28	\$ 150,000.00	\$57,135.91	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	929	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	Νο	\$ 53,042.00	\$ 6,540.49	\$ 50,000.00	\$33,180.28	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	935	NON-EXTENSIVE BURNS	No	\$ 21,298.22	\$ 3,301.83	\$ 50,000.00	\$25,749.27	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	956	LIMB REATTACHMENT, HIP FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	Νο	\$ 105,373.59	\$ 16,085.53	\$ 200,000.00	\$40,409.53	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	No	\$ 139,128.72	\$ 30,888.17	\$ 200,000.00	\$66,993.85	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	Νο	\$ 73,933.71	\$ 17,182.69	\$ 125,000.00	\$42,379.94	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	964	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	No	\$ 34,761.85	\$ 6,123.35	\$ 50,000.00	\$22,518.28	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	Νο	\$ 10,335.01	\$ 2,464.00	\$ 27,462.61	\$18,939.73	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG	783	CESAREAN SECTION W STERILIZATION W MCC	No	\$ 11,915.22		\$ 39,605.25	\$27,313.97	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	784	CESAREAN SECTION W STERILIZATION W CC	No	\$ 9,940.40	\$ 3,570.00	\$ 27,865.12	\$19,217.33	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	785	CESAREAN SECTION W STERILIZATION W/O CC/MCC	No	\$ 8,988.27	\$ 3,519.44	\$ 25,870.71	\$17,841.87	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	786	CESAREAN SECTION W/O STERILIZATION W MCC	No	\$ 12,696.27	\$ 3,570.00	\$ 35,011.06	\$24,145.56	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	787	CESAREAN SECTION W/O STERILIZATION W CC	No	\$ 11,322.59	\$ 2,835.00	\$ 27,868.32	\$19,219.53	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
										Case Rate-
Maternity/Delivery	Hospital Inpatient	DRG	788	CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	No	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	\$18,193.83	Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	Νο	\$ 1,400.10	\$ 626.89	\$ 18,705.56	\$12,900.38	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
waterinty/ Delivery		DKG	795		NO	\$ 1,400.10	\$ 020.89	\$ 10,705.50	\$12,900.38	CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	797	VAGINAL DELIVERY W STERILIZATION/D&C W CC	No	\$ 12,785.73	\$ 2,464.00	\$ 25,917.69	\$17,874.27	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	798	VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	No	\$ 10,897.11	\$ 2,464.00	\$ 25,917.69	\$17,874.27	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	805	VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	Νο	\$ 10,518.03	\$ 2,464.00	\$ 27,817.08	\$19,184.19	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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		<u>Code</u>			Shoppable	Discounted	<b>Negotiated</b>	Negotiated	Negotiated	
Service Category	Service Setting	<u>Type</u>	<u>Code</u>	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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										Professional
										Charges which
Maternity (Delivery	Hernitel Innetiont	DRC		VAGINAL DELIVERY W/O	No	\$ 8,616.42	¢ 2.464.00	¢ 24 277 74	\$16 742 27	are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	000	STERILIZATION/D&C W CC	No	\$ 0,010.42	\$ 2,464.00	\$ 24,277.74	\$16,743.27	CPT/HCPC5
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	807	STERILIZATION/D&C W/O CC/MCC	No	\$ 7,318.91	\$ 2,464.00	\$ 23,397.98	\$16,136.54	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital										are paid by
Stay	Inpatient Rehabilitation Hospital	DRG	945	REHABILITATION W CC/MCC	No	N/A	\$ 14,553.00	\$ 14,553.00	N/A	CPT/HCPCS
										Casa Bata
										Case Rate-
										Excluding Professional
										Charges which
Inpatient Rehabilitation Hospital										are paid by
Stay	Inpatient Rehabilitation Hospital	DRG	946	REHABILITATION W/O CC/MCC	No	N/A	\$ 10,870.00	\$ 10,870.00	N/A	CPT/HCPCS
							,,5,5,6,60	,0.000		,
						52% Charges				
						Estimated at				
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per			100%	Per Diem Per
Stay	Inpatient Rehabilitation Hospital	UB	118	Room & Board	No	Diem			Medicare	Day

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					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate- Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM AND CONNECTIVE TISSUE						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	559	WITH MCC	No	N/A	\$ 18,018.00	\$ 18,018.00	N/A	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM & CONNECTIVE TISSUE W					_	are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	560	CC	No	N/A	\$ 10,435.00	\$ 10,435.00	N/A	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM & CONNECTIVE TISSUE						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	561	w/o cc/мсс	No	N/A	\$ 7,474.00	\$ 7,474.00	N/A	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Pulmonary edema respiratory						are paid by
Stay	Hospital	DRG	LTC189		No	N/A	\$ 74,931.49	\$ 74,931.49	\$37,703.24	CPT/HCPCS
	-									
										Case Rate-
										Excluding
										Professional
										Charges which
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Respiratory system diagnosis w						are paid by
Stay	Hospital	DRG	LTC207	ventilator support >96 hours	No	N/A	\$ 37,703.24	\$ 37,703.24	\$74,931.49	CPT/HCPCS

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Service Category	Service Setting	Type	<u>Code</u>	Description	Service?	Cash Price	Charge_	Charge_	Charge	Estimate Type
						700/ 01				
						70% Charges				
						(Estimated as				
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Long Term Care Intensive Care		\$6,047.26 per	\$1,040 Per	\$1,929 Per		Per Diem Per
Stay	Hospital	UB	200	Room & Board	No	diem)	Diem	Diem	N/A	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &						\$1,109.30 Per			100%	Per Diem Per
Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	Diem	\$ 227.70	\$ 850.00	Medicare	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 2-		\$1,109.30 Per			100%	Per Diem Per
Board	Inpatient Skilled Nursing	UB	192	Comprehensive Care	No	Diem	\$ 299.70	\$ 850.00	Medicare	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 3- Complex		\$1,109.30 Per			100%	Per Diem Per
Board	Inpatient Skilled Nursing	UB		Care	No	Diem	\$ 370.00	\$ 850.00	Medicare	Day
		1			-	-				
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	\$195.16	Case Rate
		1			-					
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$204.72	Case Rate
					-					
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$208.53	Case Rate
	and the second			(		,,		,		
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	\$1,392.47	Case Rate
	contract a subscription						+ 551125	,00-1.00	+-/	

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
						N/A No			N/A No	
				Removal of 1 or more breast		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19120	growth, open procedure	Yes	Volume	\$ -	Ś -	Volume	Case Rate
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Injections	Hospital Outpatient	СРТ	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$280.05	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$1,634.13	Case Rate
· · ·						N/A No			N/A No	
						Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	29826	Arthroscopic Shoulder Surgery	Yes	Volume	\$ -	\$-	Volume	Case Rate
						N/A No	*	*	N/A No	
				Arthroscopic Knee Surgery		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	29881	(outpatient)	Yes	Volume	\$ -	\$-	Volume	Case Rate
				(			·	*		
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	31575	Laryngoscopy - Diagnostic	No	\$ 449.87	\$ 135.86	\$ 1,978.02	\$204.50	Case Rate
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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	32555	Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$678.61	Case Rate
· · · · · · · · · · · · · · · · · · ·						N/A No		. ,	N/A No	
				Tonsillectomy with Adenoidectomy		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	42820	(outpatient)	Yes	Volume	\$ -	\$-	Volume	Case Rate
	and the second sec			(				•		
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43235	Diagnostic	Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$827.47	Case Rate
· · · · · · · · · · · · · · · · · · ·				-						
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43239	With Biopsy	Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$842.87	Case Rate
						,		, _,,	+	
				Colonoscopy - Diagnostic						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45378	(outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$868.43	Case Rate
				(		÷ _,	+ 555.75	,0	÷====	
				Colonoscopy - With Biopsy						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45380	(outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$1,100.53	Case Rate
nospital outpatient rioteaule	nospital outpatient	Ci T	-5500	lowebaciency	1 63		y 343.00	4 -110.43	Y1,100.33	case nate

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					Required		Minimum	<u>Maximum</u>	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Colonoscopy - With Polyp Removal						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45385	(outpatient)	Yes	\$ 3,317.89	\$ 354.50	\$ 4,434.15	\$1,153.24	Case Rate
						N/A No			N/A No	
				Ultrasound examination of lower		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45391	large bowel using an endoscope	Yes	Volume	\$-	\$ -	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	47562	Gall Bladder Surgery (outpatient)	Yes	\$ 12,062.52	\$ 504.75	\$ 18,374.88	\$4,984.16	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$1,605.86	Case Rate
				Repair of groin hernia patient age 5						
<b>Hospital Outpatient Procedure</b>	Hospital Outpatient	СРТ	49505	years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$3,298.20	Case Rate
				,		+ -,	•	,,.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	51798	Urine Capacity Measurement	No	\$ 97.04	s -	\$ 1,579.20	\$58.86	Case Rate
			51750		110	<i>v 37104</i>	<b>Y</b>	<i>v</i> 1,075120	<i><b></b></i>	cuse nuce
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	E2000	Custosconu	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$580.47	Case Rate
nospital outpatient Procedure	nospital outpatient	CFT	52000	Cystoscopy	NO	\$ 1,173.22	Ş 202.70	Ş 1,330.32	\$360.47	case hate
Hermitel Outpetient Presedure	Upperitel Outpetient	CDT	55700	Dispersion of presentation allowed	Vee	¢ 1.105.04	ć 204.7C	¢ 2.021.04	¢1 725 00	Core Data
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 1,165.04	-	\$ 2,631.84	\$1,725.00	Case Rate
				Surgical removal of prostate and		N/A No	N/A No	N/A No	N/A No	
Upperited Outpetient Presedue	Upperited Outpetient	CDT	FFOCO	surrounding lymph nodes using an	v	Service	Service	Service	Service	Core Data
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55866	endoscope	Yes	Volume	Volume	Volume	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58100	Biopsy - Endometrial (Uterus)	No	\$ 375.83	\$ 144.00	\$ 1,697.39	\$211.79	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58300	Insert intrauterine device	No	\$ 632.24	\$ 48.93	\$ 1,749.37	\$8.45	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	<b>58301</b>	Remove intrauterine device	No	\$ 273.85	\$ 32.34	\$ 1,495.58	\$309.32	Case Rate

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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	59025	Fetal Non-Stress Test	No	\$	260.79	\$	118.53	\$	1,596.22	\$177.36	Case Rate
				Routine obstetric care for vaginal									
Professional Services Associated				delivery, including pre-and post-									
with Inpatient Stay	Professional Services	СРТ	59400	delivery care	Yes	\$	4,496.21	Ş	242.00	Ş	3,278.48	\$1,997.58	Case Rate
Professional Services Associated													
with Inpatient Stay	Professional Services	СРТ	59410	Obstetrical care	No	\$	2,230.06	\$	133.91	\$	1,625.81	\$984.35	Case Rate
				Routine obstetric care for cesarean									
Professional Services Associated				delivery, including pre-and post-									
with Inpatient Stay	Professional Services	СРТ	59510	delivery care	Yes	\$	4,966.56	\$	246.05	\$	3,619.13	\$2,205.19	Case Rate
				Routine obstetric care for vaginal									
				delivery after prior cesarean									
Professional Services Associated				delivery including pre-and post-									
with Inpatient Stay	Professional Services	СРТ	59610	delivery care	Yes	\$	4,706.58	\$	305.08	\$	3,429.34	\$2,090.62	Case Rate
				Injection of substance into spinal									
				canal of lower back or sacrum using									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	62322	imaging guidance	Yes	\$	1,055.18	\$	379.33	\$	1,880.39	\$646.00	Case Rate
				Injection of substance into spinal							-	•	
				canal of lower back or sacrum using									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	62323	imaging guidance	Yes	\$	1,665.98	Ś	305.01	\$	1,988.33	\$660.43	Case Rate
			02020	Injections of anesthetic and/or	100	•	_,	*		<b>•</b>		+++++++	
				steroid drug into lower or sacral									
				spine nerve root using imaging									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	64/192	guidance	Yes	Ś	1,776.21	¢	358.46	¢	1,980.49	\$840.76	Case Rate
		Gri	04403	Building	165		N/A No	<b>Y</b>	330.40	<b>ب</b>	1,500.45	N/A No	case nate
				Removal of recurring cataract in			Service					Service	
Hospital Outpatient Presedure	Hospital Outpatient	CDT	66924	_	Vee			Ś	-	\$		Volume	Casa Pata
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	00821	lens capsule using laser	Yes	-	Volume	Ş	-	\$	-		Case Rate
				Democratic fractions startish in a fi			N/A No					N/A No	
				Removal of cataract with insertion			Service					Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66984	of lens	Yes		/olume	\$	-	\$	-	Volume	Case Rate
						Ι.		Ι.		Ι.			
Hospital Outpatient Procedure	Hospital Outpatient	CPT	69210	Remove impacted ear wax	No	\$	168.99	\$	48.93	\$	1,604.78	\$81.69	Case Rate

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	CMS Required Shoppable Service?	_	scounted	<u>Mi</u> Neg	dentified inimum gotiated charge	N N	e-Identified <u>Aaximum</u> egotiated Charge	<u>Payer-</u> Specific Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	No	\$	901.06	\$	127.22	\$	1,318.18	\$142.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	Yes	\$	901.06	\$	127.22	\$	1,318.18	\$142.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70482	Ct orbit/ear/fossa w/o&w/dye	No	\$	2,339.66	\$	207.79	\$	2,657.02	\$226.16	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$	1,668.57	\$	127.52	\$	2,259.85	\$ <b>143.02</b>	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70496	Ct angiography head	No	\$	1,871.05	\$	223.05	\$	1,996.31	\$249.86	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$	1,632.72	\$	223.05	\$	1,677.63	\$249.86	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$	1,518.19	\$	252.20	\$	2,270.30	\$282.84	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$	2,314.59	\$	406.50	\$	3,409.54	\$456.53	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$	138.11	\$	19.91	\$	181.37	\$80.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$	148.99	\$	31.50	\$	193.55	\$82.68	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$	205.20	\$	38.07	\$	271.73	\$115.60	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$	1,024.52	\$	141.11	\$	1,468.48	\$157.77	Per Unit

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				CT Scan - Chest, with Contrast									
Radiology Services	Hospital Outpatient	СРТ	71260	(outpatient)	No	\$	1,448.52	Ś	200.76	\$	2,034.88	\$225.40	Per Unit
			71200	(outputient)		Ŷ	1,440.01	Ŷ	200170	Ŷ	2,004100	Q220140	
Radiology Services	Hospital Outpatient	СРТ	71275	Ct angiography chest	No	\$	1,935.65	s	226.19	\$	2,092.27	\$253.36	Per Unit
			/12/0		110	Ŷ	2,555105	Ŷ	220123	Ŷ	2,052127	<i>Q</i> 235.55	
Radiology Services	Hospital Outpatient	СРТ	72040	X-Ray - Neck, Cervical Spine	No	\$	154.65	s	37.93	Ś	204.42	\$83.01	Per Unit
			72040		110	Ŷ	104100	Ŷ	57155	Ŷ	201112	<b>400.01</b>	
Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$	251.61	¢	33.93	Ś	338.99	\$111.06	Per Unit
naulology services		Cri	72070	X-Ray - Middle Back, Moracle Spine	NO	Ý	231.01	Ŷ	33.33	Ŷ	330.33	Ş111.00	
Radiology Services	Hospital Outpatient	СРТ	72100	X-Ray - Spine (outpatient)	No	\$	199.60	¢	37.93	Ś	265.13	\$112.11	Per Unit
			72100			Ŷ	100100	Ŷ	57155	Ŷ	200.10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				X-Ray, lower back, minimum four									
Radiology Services	Hospital Outpatient	СРТ	72110		Yes	\$	213.64	s	52.80	Ś	284.93	\$113.87	Per Unit
			72110		103	Ŷ	210104	Ŷ	52.00	Ŷ	204133	, , , , , , , , , , , , , , , , , , ,	
Radiology Services	Hospital Outpatient	СРТ	72125	Ct neck spine w/o dye	No	\$	1,459.37	s	136.86	\$	1,750.92	\$150.06	Per Unit
			72125			Ŷ	2,400107	Ŷ	100.00	Ŷ	1,750152	<i><b>Q</b></i> 200.00	
Radiology Services	Hospital Outpatient	СРТ	72126	Ct neck spine w/dye	No	Ś	1,293.16	Ś	260.86	\$	1,821.59	\$404.05	Per Unit
						-	-,	-		-	_,=	÷	
Radiology Services	Hospital Outpatient	СРТ	72127	Ct neck spine w/o & w/dye	No	\$	1,815.93	\$	201.73	\$	2,118.48	\$226.48	Per Unit
						Ľ		<u> </u>					-
Radiology Services	Hospital Outpatient	СРТ	72129	Ct chest spine w/dye	No	\$	1,520.66	\$	199.82	\$	1,805.90	\$224.03	Per Unit
						Ė		<u> </u>		·			-
Radiology Services	Hospital Outpatient	СРТ	72132	Ct lumbar spine w/dye	No	\$	1,518.43	\$	260.86	\$	1,805.90	\$404.05	Per Unit
5,		-				L.							
Radiology Services	Hospital Outpatient	СРТ	72133	Ct lumbar spine w/o & w/dye	No	Ś	1,904.42	Ś	201.90	\$	2,238.70	\$226.16	Per Unit
		<b>.</b>	, 2100	et talliour spille ta/o de ta/aye		<b>Y</b>	1,004.42	<b>Y</b>	201.00	<b>Y</b>	2,230.70	Y220.20	

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Radiology Services	Hospital Outpatient	CPT	72141	MRI NECK SPINE W/O DYE	No	\$	1,441.84	\$	252.20	\$ 2,1	77.11	\$282.84	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72148	MRI - Back (outpatient)	Yes	\$	1,381.13	\$	252.20	\$ 2,1	37.12	\$282.84	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$	249.04	\$	28.72	\$ 3	27.10	\$109.65	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72190	X-RAY EXAM OF PELVIS	No	\$	208.53	\$	39.60	\$ 2	64.73	\$113.51	Per Unit
	· · ·	-											
Radiology Services	Hospital Outpatient	СРТ	72193	CT scan, pelvis, with contrast	Yes	\$	1,536.96	Ś	197.29	\$ 2,1	42.05	\$221.03	Per Unit
		••••				<b>•</b>	_,	<b>•</b>		+ -/-			
Radiology Services	Hospital Outpatient	СРТ	72107	MRI - Pelvis (outpatient)	No	\$	2,448.72	¢	402.71	\$ 3,5	22.33	\$451.62	Per Unit
			72157		110	Ŷ	2,440.72	Ŷ	402171	φ 0,0		<b>9101101</b>	
Padialam Sanvisos	Hospital Outpatient	СРТ	72000	X-ray exam of collar bone	No	\$	147.59	è	22.40	\$ 1	85.92	\$80.19	Per Unit
Radiology Services	Hospital Outpatient	CPT	73000	x-ray exam of conar bone	No	Ş	147.55	<b>?</b>	22.40	γ I	03.92	300.13	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	/3010	X-ray exam of shoulder blade	No	\$	196.93	>	26.01	\$ 2	51.93	\$109.98	Per Unit
Particla and Complete				V. Development (automation 1)			1 40 50	~	20.22		00.00	601.24	Devident
Radiology Services	Hospital Outpatient	СРТ	/3030	X-Ray - Shoulder (outpatient)	No	\$	149.50	\$	28.33	\$ 1	96.92	\$81.24	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$	147.62	Ş	29.40	\$ 1	95.82	\$80.19	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$	146.83	\$	25.07	\$ 1	91.42	\$80.19	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73080	X-RAY EXAM OF ELBOW	No	\$	122.83	\$	26.72	\$ 1	54.02	\$80.55	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$	117.10	Ś	26.40	\$ 151	1.82 \$80.19	Per Unit
			73050		110	Ŷ	11/110	Ŷ	20.40	ý 10.	, , , , , , , , , , , , , , , , , , ,	
Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$	156.52	Ś	30.72	\$ 196	5.19 \$80.55	Per Unit
			75110			Ŷ	100.02	Ŷ	50.72	ý 130	, , , , , , , , , , , , , , , , , , ,	
Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$	192.03	Ś	24.40	\$ 249	9.73 \$109.29	Per Unit
			75120			+		*		· -··	·····	
Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	\$	151.54	¢	32.72	\$ 198	3.42 \$80.55	Per Unit
Radiology Scivices		CFT	75150	X-Ray - Hana	NO	Ŷ	131.34	Ŷ	52.72	ý 13.	J.42 900.33	
Radiology Services	Hospital Outpatient	СРТ	73221	MRI - Shoulder, Elbow, or Wrist	No	\$	1,211.82	Ś	246.65	\$ 1,702	.46 \$277.17	Per Unit
			75221			Ŷ	1,211102	Ŷ	240100	<i>v</i> 1,701	,	
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$	129.58	Ś	37.77	\$ 197	7.91 \$83.01	Per Unit
						•		T.		,	,	
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$	150.51	Ś	29.51	\$ 189	9.38 \$80.92	Per Unit
						•		T.		,	,	
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$	201.92	\$	32.40	\$ 266	5.82 \$80.19	Per Unit
		1						-				
Radiology Services	Hospital Outpatient	СРТ	73562	X-Ray - Knee (outpatient)	No	\$	263.50	\$	36.52	\$ 351	L.25 \$81.24	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$	239.62	\$	32.40	\$ 321	L.48 \$79.87	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$	191.55	\$	31.98	\$ 278	3.60 \$80.19	Per Unit
Radiology Services	Hospital Outpatient	СРТ	79649	X-Ray - Ankle (outpatient)	No	Ś	239.05		25.72	Ś 311	L.14 \$80.55	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$	196.24	\$	29.81	\$	262.21	\$79.55	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$	216.05	\$	33.95	\$	289.60	\$80.23	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	\$	134.01	\$	1,400.92	\$150.06	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72721	MRI - Knee (outpatient)	Yes	\$	1,224.32	s	246.65	\$	1,828.36	\$276.48	Per Unit
hadiology Services	nospital outpatient	CPT	73721	initia - knee (outpatient)	Tes	Ŷ	1,224.32	Ŷ	240.05	<b>,</b>	1,020.30	9270. <del>4</del> 0	reronit
Padialam Convices	Hospital Outpatient	СРТ	74019	X-Ray - Abdomen	No	\$	145.61	¢	28.31	Ś	189.76	\$80.92	Per Unit
Radiology Services		CFT	74010	X-Ray - Abdomen	NU	2	145.01	Ş	20.31	<b>,</b>	185.70	300.32	reronit
Padialam Convices	Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	Ne	\$	977.64	¢	142.38	\$	1,446.99	\$159.36	Per Unit
Radiology Services	Hospital Outpatient	CFT	74150	ct abdomen w/o dye	No	2	577.04	\$	142.30	<b>,</b>	1,440.33	\$155.50	reronit
							1 00 1 10	<u>,</u>	207.00			<u> </u>	<b>B</b> 11 11
Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$	1,824.18	\$	207.86	\$	2,144.29	\$232.83	Per Unit
				CT Scan - Abdomen and Pelvis, with									
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$	2,748.11	\$	286.79	\$	3,568.86	\$433.70	Per Unit
				CT Scan - Abdomen and Pelvis, with									
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	Yes	\$	2,748.11	\$	286.79	\$	3,568.86	\$433.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$	394.10	Ś	56.38	\$	563.71	\$193.66	Per Unit
			74220			-		-		Ŧ		+	
Padialam: Camilar-	Upper the LOuter et and	CDT	74070	V museum colon destant stal	N -	~	F34 73	~	70.24		570.04	6215 00	Des Unit
Radiology Services	Hospital Outpatient	СРТ	/42/0	X-ray xm colon 1cntrst std	No	\$	521.72	>	79.34	\$	578.01	\$215.08	Per Unit
Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	\$	306.04	\$	59.00	\$	323.39	\$ <b>100.25</b>	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	76536	Ultrasound - Head and Neck	No	\$	460.62	\$ 78.79	\$ 386.50	\$128.63	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76642	Ultrasound - Breast (outpatient)	No	\$	152.68	\$ 78.52	\$ 249.30	\$105.16	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$	361.43	\$ 91.69	\$ 433.80	\$140.93	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$	327.93	\$ 46.05	\$ 372.20	\$129.71	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$	456.58	\$ 76.54	\$ 400.80	\$137.07	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$	391.57	\$ 86.65	\$ 396.27	\$149.69	Per Unit
				Ultrasound - Pregnancy							
Radiology Services	Hospital Outpatient	СРТ	76805	(outpatient)	Yes	\$	367.73	\$ 100.36	\$ 437.10	\$149.69	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76811	OB US DETAILED SNGL FETUS	No	\$	522.04	\$ 198.65	\$ 587.50	\$303.13	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76815	OB US LIMITED FETUS(S)	No	\$	309.95	\$ 54.75	\$ 384.30	\$132.85	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76816	Ultrasound - Pregnancy Follow-Up	No	\$	406.54	\$ 64.37	\$ 384.30	\$142.66	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76818	FETAL BIOPHYS PROFILE W/NST	No	\$	476.50	\$ 82.20	\$ 387.27	\$152.46	Per Unit
						Ι.					
Maternity/Delivery	Hospital Outpatient	CPT	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$	407.39	\$ 97.44	\$ 398.34	\$138.80	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$	370.14	\$	88.69	\$ 391.69	\$135.12	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76830	Ultrasound - Transvaginal (non- maternity)	Yes	\$	475.43	\$	98.63	\$ 463.90	\$134.94	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76856	Ultrasound - Pelvic (outpatient)	No	Ś	344.00	Ś	70.34	\$ 408.50	\$134.62	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$	546.40	\$ 1	07.57	\$ 501.03	\$124.54	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$	383.79	\$ 1	35.81	\$ 629.70	\$156.97	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$	406.73	\$ 1	09.22	\$ 504.02	\$126.94	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77080	Bone Density Scan (outpatient)	No	\$	247.25	\$	56.29	\$ 393.45	\$110.74	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$	116.84	\$	33.80	\$ 171.64	\$81.96	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$	1,010.04	<b>\$</b> 3	36.74	\$ 2,091.45	\$1,224.96	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	\$	158.03	\$	11.84	\$ 221.33	\$16.92	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80053	Blood Test - Comprehensive Metabolic Panel	Yes	\$	93.73	\$	14.78	\$ 136.89	\$21.12	Per Unit

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						N/A No	N/A No	N/A No	N/A No	
				Blood Test - Pregnancy (Obstetric)		Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80055	Panel	Yes	Volume	Volume	Volume	Volume	Per Unit
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				Blood Test - Cholesterol Test, Lipid						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80061		Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$13.39	Per Unit
			00001		100	Ŷ 40.40	<i>v</i> 12.05	<i>v</i> 101 <i>11</i>	<b>Q10.00</b>	
				Blood Test - Renal (Kidney)						
Laboratory & Dathology Convisos	Hernital Outpatient	CDT	80000	Function Panel	Vee	\$ 17.24	\$ 8.68	\$ 34.59	\$17.36	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80069		Yes	\$ 17.24	Ş 0.00	Ş 54.59	\$17.50	Per Unit
				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$16.34	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80307	Drug test prsmv chem anlyzr	No	\$ 128.65	\$ 55.93		\$62.14	Per Unit
						N/A No	N/A No	N/A No	N/A No	
						Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81000	Urinalysis nonauto w/scope	Yes	Volume	Volume	Volume	Volume	Per Unit
				Urine Test - Automated with						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81001	Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$6.34	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	81002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$3.48	Per Unit
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				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81002	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$4.50	Per Unit
Laboratory & Pathology Services			01002	incroscope	105	÷ 10.40	y 5.10	y 11.25	9 <del>4</del> .50	
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$17.22	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$5.02	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$29.60	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82330	Assay of calcium	No	\$ 35	.11	\$ 12.31	\$ 67.00	\$13.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82375	Assay carboxyhb quant	No	\$ 114	.13	\$ 11.09	\$ 153.64	\$12.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82465	Assay bld/serum cholesterol	No	\$ 15	.28	\$ 3.92	\$ 23.76	\$4.35	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82550	Assay of ck (cpk)	No	\$ 12	.70	\$ 5.86	\$ 35.53	\$6.51	Per Unit
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Laboratory & Dathology Convices	Hospital Outpatient	СРТ	02552	Assay of cpk in blood	No	\$ 26	.14	\$ 12.05	\$ 75.41	\$13.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	02332	Assay of Cpk III blood	NO	Ş 20	0.14	\$ 12.05	\$ 75.41	\$15.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82565	Assay of creatinine	No	\$ 124	.50	\$ 7.17	\$ 70.25	\$10.24	Per Unit
				Blood Test - Vitamin B-12							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82607	(Cyanocobalamin) Level	No	\$ 29	.40	\$ 13.57	\$ 82.73	\$15.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82610	Cystatin c	No	\$ 140	.40	\$ 14.17	\$ 405.00	\$18.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82668	Assay of erythropoietin	No	\$ 36	6.68	\$ 16.91	\$ 99.20	\$18.79	Per Unit
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aboratory & Pathology Sorvices	Hospital Outpatient	СРТ	92670	Assay of estradiol	No	\$ 54	.51	\$ 25.15	\$ 152.33	\$27.94	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CF I	02070	Assay of estimation	INO	<i>२</i> २४	.51	y 20.15		321.34	reronit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82693	Assay of ethylene glycol	No	\$ 20	.29	\$ 13.41	\$ 40.08	\$14.90	Per Unit
				Blood Test - Ferritin (Blood Protein)							
		СРТ		Level	No	\$ 33		\$ 19.09			Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82746	Blood Test - Folic Acid Level	No	\$ 37.7	′5 \$	13.23	\$ 79.52	\$14.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82803	Blood gases any combination	No	\$ 73.4	0\$	20.17	\$ 106.16	\$26.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 34.0	4 \$	5.51	\$ 49.42	\$7.86	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82962	Glucose blood test	No	\$ 45.5	5\$	3.89	\$ 61.82	\$6.56	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83018	Heavy metal quant each nes	No	\$ 172.9	<b>7</b> \$	19.76	\$ 498.96	\$21.96	Per Unit
				Blood Test. Blood Clusses Control							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83036	Blood Test - Blood Glucose Control (Hemoglobin A1C)	No	\$ 71.2	7 \$	8.74	\$ 95.94	\$9.71	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	83088	Assay of histamine	No	\$ 75.8	4 \$	26.58	\$ 218.76	\$29.53	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	83518	Immunoassay dipstick	No	\$ 147.0	19 ¢	6.55	\$ 424.29	\$9.64	Per Unit
Laboratory & Fathology Sel Vices			55510	initiatioassay uipstick	NO	÷ 147.0	,, , ,	0.35			
Laboratony & Dathalamy Convices	Hospital Outpatient	CDT	02540	Blood Test Jron Level	No	\$ 51.9	0 \$	9.06	Ś 75.77	\$12.94	Por Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83540	Blood Test - Iron Level	No	ə 51.5	ç v	9.00	\$ 75.77	Ş12.94	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$ 27.4	4 \$	10.41	\$ 58.05	\$11.57	Per Unit
				Blood Test - Lipase (fat enzyme)							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690	Level	No	\$ 69.4	7 \$	6.20	\$ 93.51	\$6.89	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83735	Assay of magnesium	No	\$ 53.8	2 \$	9.38	\$ 78.56	\$13.40	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	83880	Assay of natriuretic peptide	No	\$ 17	72.55	\$ 35.33	\$ 232.27	\$39.26	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$ 6	<b>51.73</b>	\$ 6.64	\$ 87.67	\$9.48	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	8/122	Assay of serum potassium	No	\$ 4	43.23	\$ 6.66	\$ 62.65	\$9.52	Per Unit
Laboratory & Pathology Services	nospital Outpatient	CFI	04152	Assay of serum potassium	NO	<b>,</b> .	13.23	Ş 0.00	Ş 02.05		reronit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$ 4	43.23	\$ 6.66	\$ 62.65	\$9.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 5	52.59	\$ 18.77	\$ 96.68	\$20.86	Per Unit
				Blood Test - Prostate Specific							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84153	Antigen (PSA) Level	Yes	\$ 7	74.21	\$ 25.75	\$ 116.68	\$36.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84154	PSA (prostate specific antigen)	Yes	\$ 10	06.34	\$ 16.55	\$ 143.15	\$18.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84182	Protein western blot test	No	\$ 38	82.72	\$ 18.76	\$ 588.80	\$29.21	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84295	Assay of serum sodium	No	\$ 4	42.10	\$ 4.33	\$ 56.67	\$4.81	Per Unit
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				Blood Test - Thyroxine (Thyroid							
Laboratony & Dathalam Comission	Hospital Outpatient	CDT	04420		N -	\$ 6	56.21	\$ 8.12	\$ 89.13	\$9.02	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Chemical) Level, Free	No	<b>ə</b> (	00.21	ə ö.12	\$ 89.13	\$9.UZ	Per Unit
				Blood Test - Thyroid Stimulating							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	No	\$ (	5 <b>4.07</b>	\$ 23.52	\$ 119.09	\$33.60	Per Unit
				Blood Test - Thyroid Stimulating							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	Yes	\$ 6	5 <b>4.07</b>	\$ 23.52	\$ 119.09	\$33.60	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84480	Assay triiodothyronine (t3)	No	\$	96.31	\$ 12.76	\$ 129.65	\$14.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84484	Assay of troponin quant	No	\$	81.70	\$ 10.26	\$ 121.45	\$12.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84702	Chorionic gonadotropin test	No	\$	125.77	\$ 11.54	\$ 169.31	\$15.05	Per Unit
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Laboratory & Dathology Convisor	Hospital Outpatient	СРТ	95014	Hematocrit	No	\$	26.95	\$ 2.13	\$ 36.27	\$2.37	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	03014	hematocht	No	Ş	20.95	\$ 2.15	\$ 50.27	\$2.57	Per Unit
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85025	Count and Automated WBC	Yes	\$	77.98	\$ 10.88	\$ 112.06	\$15.54	Per Unit
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85027	Count (Hemoglobin)	Yes	\$	60.79	\$ 5.82	\$ 81.83	\$6.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85240	Clot factor viii ahg 1 stage	No	\$	45.97	\$ 16.11	\$ 95.56	\$17.90	Per Unit
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Laboratory & Dathology Convices	Heanital Outpatient	CDT	05370	Eibrin degrade comiguant	No	¢	52 57	¢ 7.44	\$ 72.11	¢0.72	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	003/8	Fibrin degrade semiquant	No	\$	53.57	\$ 7.44	\$ 72.11	\$9.72	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	85610	Blood Test - Clotting Time	Yes	\$	44.81	\$ 6.01	\$ 64.27	\$8.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85613	Russell viper venom diluted	No	\$	24.61	\$ 8.24	\$ 70.98	\$9.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$	53.32	\$ 4.96	\$ 71.77	\$5.51	Per Unit
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				Blood Test - Coagulation							
Laboratory & Pathology Convises	Hospital Outpatient	СРТ	95730	Assessment	Yes	ć	46.01	\$ 5.41	\$ 61.94	\$6.01	Por Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	05/50	Assessment	Tes	Ş	40.01	ə 5.41	ə 01.94	20.0T	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	85732	Thromboplastin time partial	No	\$	12.63	\$ 5.82	\$ 36.42	\$6.47	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86140	C-reactive protein	No	\$	48.49	\$ 4.66	\$ 65.28	\$5.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86360	T cell absolute count/ratio	No	\$	65.00	\$ 42.28	\$ 211.59	\$46.98	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86361	T cell absolute count	No	\$	132.78	\$ 24.10	\$ 383.03	\$26.78	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86431	Rheumatoid factor quant	No	\$	52.70	\$ 5.10	\$ 70.95	\$5.67	Per Unit
Laboratory & Fathology Scruces	nospital outputient	CI I	00431			<b>~</b>	52.70	<i>y</i> 5.10	<i>y</i> 70.55	<i>Ş</i> 3.07	T CT Offic
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$	37.81	\$ 3.84	\$ 50.90	\$4.27	Per Unit
Laboratory & Pathology Services	nospital Outpatient	CFT	80332	Syphilis test holi-trep quar	NO	~	57.01	<b>9 3.04</b>	Ş 30.50	94.27	reronit
Laboratory & Dathalam, Comisso	Upprited Outpotions	CDT	00500	Cumbilia toot non trop qual		~	27.01	¢ 2.04	¢ 50.00	¢4.27	Deviluit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$	37.81	\$ 3.84	\$ 50.90	\$4.27	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$	57.37	\$ 9.16	\$ 165.50	\$10.18	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86615	Bordetella antibody	No	\$	25.74	\$ 11.87	\$ 81.45	\$13.19	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86651	Encephalitis californ antbdy	No	\$	25.74	\$ 11.87	\$ 110.13	\$13.19	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86652	Encephaltis east eqne anbdy	No	\$	25.74	\$ 11.87	\$ 110.13	\$13.19	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86653	Encephaltis st louis antbody	No	Ś	25.74	\$ 11.87	\$ 110.13	\$13.19	Per Unit

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Service Category	Service Setting	<u>Type</u>	<u>Code</u>	Description	Service?	Cash Price		Charge_	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86654	Encephaltis west eqne antbdy	No	\$ 25.7	4 \$	11.87	\$ 110.13	\$13.19	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86663	Epstein-barr antibody	No	\$ 25.6	0\$	11.81	\$ 83.21	\$13.12	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86677	Helicobacter pylori antibody	No	\$ 30.6	8 \$	15.13	\$ 63.03	\$16.85	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86692	Hepatitis delta agent antbdy	No	\$ 29.1	6 \$	15.44	\$ 50.98	\$17.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$ 79.6	5 \$	12.41	\$ 107.23	\$13.79	Per Unit
, , ,											
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86704	HEP B CORE ANTIBODY TOTAL	No	\$ 86.1	1 \$	10.85	\$ 115.92	\$12.05	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86705	HEP B CORE ANTIBODY IGM	No	\$ 22.9	8 5	10.59	\$ 57.38	\$11.77	Per Unit
Laboratory & Fathology Scruces		CFT	80705		NO	Ŷ 22.5	• •	10.55	÷ 57.50	ŞII.//	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$ 98.9	g ć	9.67	\$ 133.25	\$10.74	Per Unit
Laboratory & Pathology Services		GET	30700		NU	÷ 30.3	- -	5.07	÷ 133.23	\$10.7 <del>4</del>	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	96707	Honotitis he antihody	No	\$ 22.5	c   ¢	10.41	\$ 65.09	\$11.57	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CFI	00/0/	Hepatitis be antibody	No	۷.22	v >	10.41		311.37	reronit
Laboratory & Dathalam, Card	Upperitel Outpetient	CDT	00700	Line state a settle state		¢		44.45	6 50.75	¢12.20	Day Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$ 22.7	ŢŻ	11.15	\$ 56.71	\$12.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86762	Rubella antibody	No	\$ 78.1	9 \$	12.95	\$ 225.56	\$14.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	\$ 25.1	4 \$	11.59	\$ 72.53	\$12.88	Per Unit

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				86769 - SARS-COV-2 COVID-19							
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86769	ANTIBODY	No	\$ 51.4	8 5	-	\$ 112.0	7 \$42.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86790	Virus antibody nos	No	\$ 25.1	4 \$	11.59	\$ 76.5	3 \$12.88	Per Unit
				Blood Test - Hepatitis C Antibody							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	Level	No	\$ 67.6	4 \$	12.84	\$ 91.0	6 \$14.27	Per Unit
						-	-		-	-	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	96904	Hep c ab test confirm	No	\$ 23.0	9 \$	13.94	\$ 66.6	2 \$15.49	Per Unit
Laboratory & Pathology Services		CFT	00004		NO	Ş 23.0	<i>,</i>	13.34	Ş 00.0	2 913.45	reronit
							_				
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86850	Rbc antibody screen	No	\$ 20.3	2 5	5.00	\$ 66.9	2 \$44.61	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86885	Coombs test indirect qual	No	\$ 244.7	2 \$	5.65	\$ 329.4	3 \$129.41	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.9	9 \$	3.78	\$ 267.8	8 \$98. <b>32</b>	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.9	9 Ś	3.78	\$ 267.8	8 \$98.32	Per Unit
										- +	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.2	a c	3.78	\$ 81.1	0 \$30.15	Per Unit
Laboratory & Fathology Services		CPI	00301	biood typing service (u)	No	÷ 00.2		5.76		- 330.12	rerunit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.2	4 Ş	3.78	\$ 81.1	0 \$30.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	<b>86902</b>	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.8	2 \$	4.84	\$ 383.3	7 \$255.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86920	COMPATIBILITY TEST SPIN	No	\$ 244.7	2 \$	13.44	\$ 344.2	2 \$129.41	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$	133.90	\$ 9.29	\$1	80.25	\$10.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$	138.63	\$ 7.76	\$1	86.61	\$8.62	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$	60.43	\$ 7.27	\$	81.35	\$8.08	Per Unit
				Test for Disease-Causing								
				(Pathogenic) Organisms, Not								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87081	Limited to a Specific Condition	No	\$	81.17	\$ 5.97	\$ 1	09.26	\$6.63	Per Unit
								•				
				Urine Test - Bacterial Culture,								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87086	Quantitative Colony Count	No	\$	82.16	\$ 7.26	\$ 1	10.60	\$8.07	Per Unit
		-										
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87088	Urine Test - Bacterial Culture	No	\$	15.80	\$ 7.28	Ś	43.86	\$8.09	Per Unit
			0.000			Ŧ		,	· ·		,	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87110	Chlamydia culture	No	\$	130.74	\$ 17.64	Ś 1	75.99	\$19.60	Per Unit
Laboratory & Fathology Services	nospital outpatient		07110		NO	Ŷ	130.74	ý 17.04	Ý 1	73.55	<b>J</b> 13.00	
				Evaluation of Antimicrobial Drug								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	97196	(antibiotic, antifungal, antiviral)	No	\$	69.16	\$ 7.79	Ś	93.10	\$8.65	Per Unit
Laboratory & Pathology Services		CFI	07100	(antibiotic, antifungal, antivital)	NU	<b>?</b>	05.10	\$ 1.15	Ş	55.10	30.05	Per Offic
		1										
Laboratony & Pathology Convices	Hospital Outpatient	CDT	97305	Lab Tost Smoor for Microorganiam	Ne	\$	49.93	\$ 3.84	Ś	67.21	\$4.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87205	Lab Test - Smear for Microorganism	No	2	49.93	\$ 3.84	<b>&gt;</b>	07.21	<b>34.</b> 27	rerunit
		1		Lab Test. Detection test for								
Laboratory & Dathalam, Card	Upperitel Outpetient	CDT	07040	Lab Test - Detection test for		~	C2 - F -	¢ 0.00	÷	05.55	¢10.22	Dev Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87340	Hepatitis B Surface Antigen	No	\$	63.55	\$ 9.30	\$	85.55	\$10.33	Per Unit
				Lab Test - Detection test for HIV-1								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87389	and HIV-2	No	\$	110.43	\$ 21.67	\$ 1	48.66	\$24.08	Per Unit
		1										
Laboratory & Pathology Services	Hospital Outpatient	CPT	87425	Rotavirus ag ia	No	\$	37.44	\$ 10.78	\$ 1	08.00	\$11.98	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87491	Urine Test - Chlamydia	No	\$	108.43	\$ 31.58	\$ 171.03	\$35.09	Per Unit
		1		Urine Test - Gonorrhoeae							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$	90.13	\$ 31.58	\$ 171.03	\$35.09	Per Unit
				87635 - SARS-COV-2 COVID-19							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87635	AMP PRB	No	\$	53.36	\$ -	\$ 136.48	\$51.31	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87798	Detect agent nos dna amp	No	\$	90.13	\$ 31.58	\$ 171.03	\$35.09	Per Unit
								•	-		
				Lab Test - Detection test for							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87804	Influenza Virus	No	\$	37.58	\$ 19.82	\$ 70.50	\$33.10	Per Unit
						-		,	+	,	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87880	Strep Test (Streptococcus, group A)	No	\$	101.56	\$ 19.87	\$ 143.48	\$33.06	Per Unit
			07000	Stich rest (Stichtotototos) Broup Ay	110	Ŷ	101.50	<i>y</i> 15.07	<b>V</b>	<i><b></b></i>	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	00105	Flowcytometry/tc add-on	No	\$	68.81	\$ -	\$ 120.30	\$20.07	Per Unit
Laboratory & Pathology Services	nospital outpatient	CFT	00105	nowcytometry/te add-on	NO	Ŷ	00.01	ý -	\$ 120.30	\$20.07	reronit
				Incurrentian Administration First							
Mensionations	Dhusisian Office	CDT	00460	Immunization Administration First	Ne	~	40.10	ć 11.CO	ć 75.02	612.44	Devilatio
Vaccinations	Physician Office	СРТ	90460	Component	No	\$	40.10	\$ 11.68	\$ 75.93	\$13.44	Per Unit
				In the second							
Veccinctions	Dhusisian Office	COT	00000	Immunization Administration Each			25.42	¢ 10.00	¢ 20.51	612.07	Devilait
Vaccinations	Physician Office	СРТ	90461	Additional Component	No	\$	25.13	\$ 10.49	\$ 38.51	\$12.07	Per Unit
										1	
Vaccinations	Hospital Outpatient	СРТ	90471	Immunization Administration	No	\$	44.49	\$ 7.02	\$ 81.80	\$67.97	Per Unit
		1									
				Immunization Administration Each		Ι.					
Vaccinations	Hospital Outpatient	СРТ	90472	Additional Component	No	\$	12.56	\$ -	\$ 38.51	\$24.14	Per Unit
		1									
Vaccinations	Hospital Outpatient	СРТ	90651	9V HPV Vaccine 2/3 Dose	No	\$	142.32	\$ 9.56	\$ 227.93	\$0.00	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price		Charge	Charge	Charge_	Estimate Type
				Vaccine - Pneumococcal Conjugate							
Vaccination	Hospital Outpatient	СРТ	90670	for Injection into Muscle	No	\$ 285.5	9\$	9.56	\$ 345.21	\$230.14	Per Unit
				Vaccine - Tetanus, Diptheria							
				Toxoids, and Acellular Pertussis							
				(Whooping Cough) for Injection							
Vaccination	Hospital Outpatient	СРТ	90715	into Muscle	No	\$ 57.7	4 \$	-	\$ 77.73	\$34.28	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90791	Psychiatric Diagnostic Evaluation	No	\$ 308.8	1 Ş	118.93	\$ 198.74	\$124.21	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90832	Psychotherapy - 30 Minutes	Yes	\$ 88.0	3\$	57.92	\$ 99.25	\$62.03	Per Unit
										100 04	
Evaluation & Management Services	Professional Services	СРТ	90834	Psychotherapy - 45 Minutes	Yes	\$ 116.7	7 Ş	77.37	\$ 132.34	\$82.71	Per Unit
Evolution 0 Management Consider	Professional Consistent			Developthere and CO Minutes		\$ 174.9		446.00	ć 100.00	¢4.22.00	Des Halt
Evaluation & Management Services	Professional Services	СРТ	90837	Psychotherapy - 60 Minutes	Yes	\$ 174.9 N/A No	U Ş	116.00		\$123.89	Per Unit
									N/A No	N/A No	
Fuchantian & Management Comisso	Professional Convises	CDT	00046	Formily months we (or mt FO min	N	Service			Service	Service	Devilait
Evaluation & Management Services	Professional Services	СРТ	90846	Family psytx w/o pt 50 min	Yes	Volume	\$		Volume	Volume	Per Unit
Evaluation & Management Services	Professional Services	СРТ	00947	Psychotherapy - Family Session	Yes	\$ 146.1	e e	97.13	\$ 166.18	\$103.86	Per Unit
a wandation & wandgement services		CFI	5004/	r sychotherapy - rainity session	165	5 146.1 N/A No	, ,	57.13	\$ 166.18 N/A No	\$103.86 N/A No	reronit
						Service			Service	Service	
Evaluation & Management Services	Professional Services	СРТ	90852	Psychotherapy - Group Session	Yes	Volume	Ś	_	Volume	Volume	Per Unit
evaluation & management services		CFI	50855	systemerapy - aroup session	105	volume	~		volume	volume	
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$ 52.0	o ś	17.40	\$ 251.43	\$76.97	Per Unit
incursic opecent merupy		GFT	52507		NU	y 32.0	~ ~	17.40	÷ 251.45	<i></i>	
				Electrocardiogram, routine, with							
Medicine Cardiovascular	Professional Services	СРТ	93000	interpretation and report	Yes	\$ 36.2	7 5	28.12	Ś 95.52	\$15.89	Per Unit
			33000				· •	20.12	+ 55.52	<b>413.03</b>	
Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	\$ 142.2	9 \$	_	\$ 295.26	\$57.24	Per Unit
	coopies outputient		33003	Lieth etal alogram (Lee of Eld)	110	Y 1-7616	- Y	-	+ 255.20	90712-7	

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Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?		ash Price	5	Charge		Charge_	Charge_	Estimate Type
Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$	471.40	¢	61.00	\$	634.57	\$228.24	Per Unit
			55017			Ŷ	472140	Ŷ	01.00	Ŷ	004107	ÇELOIL-	
Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	No	\$	1,404.83	\$	322.26	\$	1,593.05	\$506.50	Per Unit
				Insertion of catheter into left heart									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	93452	for diagnosis	Yes	\$	8,847.45	\$	579.93	\$	12,920.92	\$2,797.49	Case Rate
Medicine Other	Hospital Outpatient	СРТ	93971	Extremity study	No	\$	240.64	\$	92.64	\$	400.67	\$122.72	Per Unit
Medicine Other	Hospital Outpatient	СРТ	95044	Allergy patch tests	No	\$	189.82	-	-	\$	1,229.53	\$819.69	Per Unit
							N/A No		N/A No		N/A No	N/A No	
Medicine Neurology and	Upperited Quiterations	CDT	05040	Class study	N		Service		ervice		Service	Service	Devilait
Neuromuscular	Hospital Outpatient	СРТ	95810	Sleep study	Yes	, I	Volume	V	olume/		Volume	Volume	Per Unit
Injections	Hospital Outpatient	СРТ	96402	Chemo hormon antineopl sq/im	No	\$	110.26	s	66.86	\$	196.20	\$83.77	Case Rate
	nospital outputient	CIT	50402	Physical Therapy - Manual		Ŷ	110.20	Ŷ	00.00	Ŷ	100120	çoonn	cuse nuce
Medicine Physical Medicine and				Electrical Stimulation Therapy, 15									
Rehabilitation	Hospital Outpatient	СРТ	97032	minutes	No	\$	31.26	\$	12.56	\$	59.90	\$14.39	Per Unit
<u> </u>												-	
Medicine Physical Medicine and				Physical Therapy - Ultrasound									
Rehabilitation	Hospital Outpatient	СРТ	97035	Therapy	No	\$	26.92	\$	11.95	\$	40.29	\$13.91	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic									
Rehabilitation	Hospital Outpatient	СРТ	97110	Exercises	Yes	\$	88.74	\$	17.40	\$	119.46	\$29.56	Per Unit
Medicine Physical Medicine and			07445	Physical Therapy - Neuromuscular								600.05	
Rehabilitation	Hospital Outpatient	СРТ	97112	Reeducation	No	\$	69.93	Ş	26.14	Ş	104.78	\$33.95	Per Unit
Modicino Dhysical Medicine and													
Medicine Physical Medicine and Rehabilitation	Hospital Outpatient	СРТ	07110	GAIT TRAINING THERAPY	No	\$	77.61	\$	22.90	Ś	104.48	\$29.23	Per Unit
nenavintation	Hospital Outpatient	CPT	31110	GAIT TRAINING THERAPY	No	<b>&gt;</b>	//.01	<b>?</b>	22.90	<b>&gt;</b>	104.48	323.23	rei Ullit

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Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	07140	Physical Therapy - Manual Therapy	No	Ś	56.20	ċ	23.73	ċ	93.92	\$27.22	Per Unit
Kenabilitation		CPT	97140	Physical merapy - Manual merapy	NU	2	50.20	Ş	23.75	Ş	55.52	321.22	Per Unit
Medicine Physical Medicine and				Physical Therapy - Low Complexity									
Rehabilitation	Hospital Outpatient	СРТ	97161	Evaluation	No	\$	168.06	s	71.97	\$	252.78	\$82.43	Per Unit
			57101		110	Ŷ	100.00	Ŷ	, 1.5,	Ŷ	202070	<i>Q</i> 02140	
Medicine Physical Medicine and				Physical Therapy - Moderate									
Rehabilitation	Hospital Outpatient	СРТ	97162	Complexity Evaluation	No	\$	62.40	Ś	71.97	\$	252.78	\$82.43	Per Unit
									-				
Medicine Physical Medicine and				Physical Therapy - High Complexity									
Rehabilitation	Hospital Outpatient	СРТ	97163	Evaluation	No	\$	168.06	\$	71.97	\$	252.78	\$82.43	Per Unit
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97164	Physical Therapy - Re-Evaluation	No	\$	113.34	\$	48.67	\$	170.97	\$56.43	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$	180.88	\$	77.05	\$	245.32	\$87.28	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$	62.40	\$	72.00	\$	245.32	\$86.96	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic								607.04	<b>B</b> 11 11
Rehabilitation	Hospital Outpatient	СРТ	97530	Activities	No	\$	92.45	\$	17.40	\$	124.45	\$37.61	Per Unit
Medicine Physical Medicine and				Physical Therapy - Self-care or									
Rehabilitation	Hospital Outpatient	СРТ	97525	Home Management Training	No	\$	68.89	Ś	-	\$	109.03	\$32.79	Per Unit
			575555		NU	Ť	00.00	¥	-	Ŷ	105.05	yuz.,, U	. cr onit
Evaluation & Management Services	Professional Services	СРТ	99024	Postop follow-up visit	No	\$	-	Ś	-	Ś	14.27	\$0.00	Per Unit
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<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99202	Office Visit - New Patient, Minor	No	\$	167.93	\$	90.34	\$	200.08	\$48.49	Per Unit
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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Pri	ce	Charge_	Charge	Charge	Estimate Type
				Office Visit - New Patient, Low							
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99203	Complexity	Yes	\$ 18	2.06	\$ 132.54	\$ 273.99	\$72.73	Per Unit
				Office Visit - New Patient,							
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99204	Moderate Complexity	Yes	\$ 25	0.69	\$ 177.01	\$ 432.49	\$124.44	Per Unit
		-									
				New patient office of other							
Evaluation & Management Services	Professional Services	СРТ	99205	outpatient visit, typically 60 min	Yes	\$ 44	8.04	\$ 156.38	\$ 553.76	\$162.60	Per Unit
Evaluation & management services		Cri	55205	outputient visit, typicany oo min	163	<b>y</b> ++	0.04	<i>y</i> 150.50	÷ 555.70	<b>\$102.00</b>	T CT Offic
Evolution 0 Management Comission	Professional Consistent							¢ 46.44	¢ 122.24	624 72	Day Unit
Evaluation & Management Services	Professional Services	СРТ	99212	Office Visit - Basic	No	\$ 5	8.74	\$ 46.41	\$ 133.24	\$24.72	Per Unit
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	СРТ	99213	Low Complexity	No	\$ 9	9.67	\$ 81.71	\$ 201.59	\$49.43	Per Unit
				Office Visit - Established Patient,							
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99214	Moderate Complexity	No	\$ 15	1.19	\$ 140.90	\$ 279.47	\$76.23	Per Unit
				Office Visit - Established Patient,							
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99215	High Complexity	No	\$ 31	5.87	\$ 192.33	\$ 385.34	\$107.72	Per Unit
Professional Services Associated											
with Inpatient Stay	Professional Services	СРТ	99232	Subsequent hospital care	No	\$ 15	9.88	\$ 50.60	\$ 111.92	\$69.95	Per Unit
				Patient office consultation,							
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99243	typically 40 min	Yes	\$ 21	2.43	\$-	\$ 142.18	\$0.00	Per Unit
							-				-
				Patient office consultation,							
Evaluation & Management Services	Professional Services	СРТ	99244	typically 60 min	Yes	\$ 33	8.80	\$-	\$ 226.38	\$0.00	Per Unit
			33244	cypically op min	103			Ŧ	- 220.30		. cr ont
				Emergency Department Visit							
Emergency Deers Misit	Upprited Outpotions	CDT	00301	Emergency Department Visit -	No	¢	0.01	ć 74.00	ć (00.00	605 F7	Casa Data
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Minor (outpatient)	No	\$ 23	0.81	\$ 74.98	\$ 689.88	\$85.57	Case Rate
				Emergency Department Visit - Low							
Emergency Room Visit	Hospital Outpatient	CPT	99282	Complexity (outpatient)	No	\$ 43	0.38	ş 93.52	\$ 1,114.22	\$201.14	Case Rate

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	<b>_</b>							-					
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	СРТ	99283	Moderate Complexity (outpatient)	No	\$	932.99	Ś	182.62	\$	2,714.83	\$288.93	Case Rate
	and the second												
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	СРТ	99284	Higher Complexity (outpatient)	No	\$	2,400.69	Ś	270.43	Ś	4,475.48	\$432.54	Case Rate
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				Emergency Department Visit - High									
Emergency Room Visit	Hospital Outpatient	СРТ	99285	Complexity (outpatient)	No	\$	3,149.91	Ś	458.20	Ś	5,806.95	\$1,279.05	Case Rate
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				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	СРТ	99291	Critical Care (outpatient)	No	Ś	17,860.61	Ś	425.50	\$	6,308.07	\$1,723.05	Case Rate
						-		•		*	-,	+-,	
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient,									
Evaluation & Management Services P	Professional Services	СРТ	99381	Younger than 1 Year Old	No	Ś	156.75	s	-	\$	225.38	\$0.00	Per Unit
				Office Visit - Comprehensive		-		•		-			
				Preventive Medicine Evaluation									
				and Management, New Patient, 1-									
Evaluation & Management Services P	Professional Services	СРТ	99382	4 Years Old	No	Ś	163.82	Ś	-	Ś	236.91	\$0.00	Per Unit
				Office Visit - Comprehensive				•		*			
				Preventive Medicine Evaluation									
				and Management, New Patient, 5-									
Evaluation & Management Services P	Professional Services	СРТ	99383	11 Years Old	No	\$	170.96	\$	-	\$	413.46	\$0.00	Per Unit
				Office Visit - Comprehensive	-			Ľ					
				Preventive Medicine Evaluation									
				and Management, New Patient, 12-									
Evaluation & Management Services P	Professional Services	СРТ	99384	17 Years Old	No	\$	193.58	\$	-	\$	280.75	\$0.00	Per Unit
<u> </u>				Office Visit - Comprehensive	_								
				Preventive Medicine Evaluation									
				and Management, New Patient, 18-									
Evaluation & Management Services P	Professional Services	СРТ	99385	39 Years Old	Yes	\$	187.80	\$	59.23	\$	347.60	\$68.65	Per Unit
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				Office Visit - Comprehensive					1				
				Office Visit - Comprehensive Preventive Medicine Evaluation									

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Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
				and Management, Younger than 1						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99391	Year Old	No	\$ 141.19	\$-	\$ 267.83	\$0.00	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ	99392	and Management, 1-4 Years Old	No	\$ 150.93	\$ -	\$ 305.91	\$0.00	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation					40.00	
Evaluation & Management Services	Professional Services	СРТ	99393	and Management, 5-11 Years Old	No	\$ 150.44	\$ -	\$ 305.91	\$0.00	Per Unit
				Office Visit Commence						
				Office Visit - Comprehensive Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ		and Management, 12-17 Years Old	No	\$ 165.14	s .	\$ 398.57	\$0.00	Per Unit
Evaluation & Management Services	Professional Services	CPT	33334	and Management, 12-17 fears Old	NO	\$ 105.14	ş -	\$ 536.57	30.00	Per Onit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ		and Management, 18-39 Years Old	No	\$ 168.81	\$ 37.07	\$ 304.60	\$37.07	Per Unit
									+	
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ		and Management, 40-64 Years Old	No	\$ 180.12	\$ 64.57	\$ 429.79	\$64.57	Per Unit
Exablate	Hospital Outpatient	СРТ	0398T	Focused Ultrasound	No	\$ 32,139.56	\$ 11,272.90	\$ 11,272.90	\$11,272.90	Case Rate
Vaccinations	Hospital Outpatient	СРТ	G0008	Admin influenza virus vaccine	No	\$ 70.15	\$-	\$ 126.95	\$46.26	Per Unit

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Service Category	Service Setting	Code Type	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Vaccinations	Hospital Outpatient	СРТ	G0009	Admin pneumococcal vaccine	No	\$ 27.43	\$ -	\$-	\$49.34	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	No	\$ 773.99	\$ 46.24	\$ 1,424.46	\$247.42	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	\$ 15,685.71	\$ 605.00	\$ 24,131.86	\$2,167.25	Per Unit
Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$ 130.00	\$ 74.02	\$ 200.00	\$104.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$ 476.03	\$-	\$ 732.35	\$114.43	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$ 0.22	\$ 0.03	\$ 0.34	\$0.03	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$ 2.13	\$ 0.78	\$ 3.27	\$0.87	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$ 26.95	\$-	\$ 89.11	\$10.22	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$ 2,818.54	\$-	\$ 4,336.21	\$224.45	Per Unit