Centurion Correctional	Last Updated: 12/7/2020									
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					CMS		De-Identified	De-Identified	Payer-	
					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type Case Rate-
										Excluding
				Cardiac valve and other major						Professional
				cardiothoracic procedures with		N/A No	N/A No	N/A No	N/A No	Charges which
				cardiac catheterization with major		Service	Service	Service	Service	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	complications or comorbidities	Yes	Volume	Volume	Volume	Volume	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	¢ 22.190.06	\$ 5,517.78	\$ 31,074.55	\$16,822.50	are paid by CPT/HCPCS
nospital inpatient stay	nospital ilipatient	DNG	291	HEART FAILURE SHOCK WINICC	NU	\$ 22,100.90	\$ 3,317.76	3 31,074.33	\$10,022.50	CP1/HCPC3
										Case Rate-
										Excluding
										Professional
				Spinal fusion except cervical without major comorbid conditions						Charges which are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	460	or complications (MCC)	Yes	\$ 89,541.22	\$ 16.237.64	\$ 58,989.92	\$58,673.75	CPT/HCPCS
1 1 2	Proceedings of the Control of the Co			Process Control			,		, ,	,
										Case Rate-
										Excluding
				Major joint replacement or reattachment of lower extremity						Professional Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	470	or complications (MCC).	Yes	\$ 26,747.32	\$ 8,070.44	\$ 37,721.88	\$35,151.25	CPT/HCPCS
										Case Rate-
				Cervical spinal fusion without						Excluding Professional
				comorbid conditions (CC) or major						Charges which
				comorbid conditions or						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	473	complications (MCC).	Yes	\$ 37,083.10	\$ 10,123.74	\$ 62,430.00	\$62,430.00	CPT/HCPCS

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		<u>Code</u>			<u>Shoppable</u>	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
										Case Rate-
										Excluding
										Professional Charges which
				HIP FEMUR PROCEDURES EXCEPT						Charges which are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	480	MAJOR JOINT W MCC	No	\$ 69,180.99	\$ 12,375.85	\$ 48,933.51	\$28,963.75	CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DNG	460	WAJOR JOHN W WICE	INO	\$ 09,180.99	3 12,373.83	3 46,933.31	\$28,903.73	CFI/HCFC3
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	481	MAJOR JOINT W CC	No	\$ 45,651.13	\$ 8,559.98	\$ 38,996.68	\$22,277.50	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	482	MAJOR JOINT W/O CC/MCC	No	\$ 36,964.29	\$ 6,745.73	\$ 37,731.25	\$37,731.25	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				LOWED EXTREM 1111455 5566						Charges which
Henrital Innations Store	Henrital Innations	DDC	403	LOWER EXTREM HUMER PROC	NI -	ć 4F 467.01	ć 0.430.30	6 41 202 62	645 707 50	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	493	EXCEPT HIP, FOOT, FEMUR W CC	No	\$ 45,467.21	\$ 9,438.20	\$ 41,283.64	\$15,/3/.50	CPT/HCPCS

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					Required		<u>Minimum</u>	<u>Maximum</u>	<u>Specific</u>	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
				LOWER EXTREM HUMER PROC						Charges which
				EXCEPT HIP, FOOT, FEMUR W/O						are paid by
Handle House Com	Handad Incations		404			ć 24.404.02	ć 7.426.74	ć 42.00C 2E	¢42.000.25	
Hospital Inpatient Stay	Hospital Inpatient	DRG	494	CC/MCC	No	\$ 34,101.03	\$ 7,426.74	\$ 43,066.25	\$43,066.25	CPT/HCPCS
										Case Rate-
										Excluding
				Uterine and adnexa procedures for						Professional
				non-malignancy without comorbid						Charges which
				conditions (CC) or major comorbid						are paid by
		222	740	l .		A 40 000 00	A 0000 00	4 20 000 00	444.056.05	
Hospital Inpatient Stay	Hospital Inpatient	DRG	743	conditions or complications (MCC)	Yes	\$ 18,033.90	\$ 3,828.29	\$ 28,968.03	\$14,356.25	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W						are paid by
Heavital Investigat Stay	Heavital Investigat	DDC	011		N.o.	6 10 042 24	ć 4.355.03	ć 21.01F.02	¢16.752.75	
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	MCC	No	\$ 16,643.21	\$ 4,255.93	\$ 31,015.82	\$16,753.75	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W/O						
Handral Innation Co	Handad Incast of	200	0	-		6 43 044 65	A 2000 40	¢ 20 000 00	640 000 ==	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	812	IVICC	No	\$ 12,941.86	\$ 2,955.18	\$ 26,002.03	\$10,883.75	CPT/HCPCS

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
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		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	No	\$ 53,042.00	\$ 6,540.49	\$ 50,000.00		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		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	No	\$ 105,373.59	\$ 16,085.53	\$ 200,000.00		Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	Code Type	<u>Code</u>	Description	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	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	\$200,000.00	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	No	\$ 73,933.71	\$ 17,182.69	\$ 125,000.00	\$125,000.00	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	\$50,000.00	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Innatient	DRG	769	VAGINAL DELIVERY W O.R. PROC	No	\$ 10 335 01	\$ 2,464,00	\$ 27.462.61	\$12 502 75	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	No	\$ 10,335.01	\$ 2,464.00	\$ 27,462.61	\$12,593.75	are pa

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					Required		<u>Minimum</u>	<u>Maximum</u>	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	783	STERILIZATION W MCC	No	\$ 11,915.22	\$ 3,570.00	\$ 39,605.25	\$26,810.00	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	784	STERILIZATION W CC	No	\$ 9,940.40	\$ 3,570.00	\$ 27,865.12	\$13,065.00	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CECAREAN SECTION W						
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	785	STERILIZATION W/O CC/MCC	No	\$ 8,988.27	\$ 3,519.44	\$ 25,870.71	\$10,730.00	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Deliver:	Hasnital Innations	DDC	700		N/ -	¢ 12 coc 27	ć 2 E70 00	ć 2E 014 00	621 421 25	
Maternity/Delivery	Hospital Inpatient	DRG	786	STERILIZATION W MCC	No	\$ 12,696.27	3,5/0.00	\$ 35,011.06	\$21,431.25	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Innationt	DRG	787		No	¢ 11 222 E0	¢ 2025.00	\$ 27,868.32	\$12 060 7F	CPT/HCPCS
iviaternity/ Denvery	Hospital Inpatient	מאמ	161	STERILIZATION W CC	No	7 11,522.59	2,655.00	21,000.32 ب	\$13,068.75	CP I/HCPC3

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
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	\$11,327.50	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	No	\$ 1,400.10	\$ 626.89	\$ 18,705.56	\$2,341.25	Case Rate- Excluding Professional Charges which are paid by 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	\$10,785.00	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	\$10,785.00	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	No	\$ 10,518.03	\$ 2,464.00	\$ 27,817.08	\$13,008.75	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	806	STERILIZATION/D&C W CC	No	\$ 8,616.42	\$ 2,464.00	\$ 24,277.74	\$8,865.00	CPT/HCPCS
										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	\$7,835.00	CPT/HCPCS
	The second secon			,, , ,		, ,,	, , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	,
										Case Rate-
										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital										are paid by
Stay	Inpatient Rehabilitation Hospital	DBC	945	REHABILITATION W CC/MCC	No	N/A	¢ 14 552 00	\$ 14,553.00	N/A	CPT/HCPCS
Stay	impatient Kenabintation Hospital	DKG	945	REHABILITATION W CC/MCC	NU	IV/A	3 14,555.00	3 14,333.00	IV/A	CFI/HCFC3
										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
						52% Charges				
						Estimated at				
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per				Per Diem Per

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		Codo			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
		Code								
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
				AFTERCARE, MUSCULOSKELETAL						Charges which
				SYSTEM AND CONNECTIVE TISSUE						are paid by
Investigat Chilled Number	In a stir at Chille d Normina	DDC			B1-	21/2	ć 40.040.00	ć 40.040.00	21/2	
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
inpution okinea reasing	inpution skine a reasong	DING	300		140	14/74	ÿ 10,435.00	7 10,433.00	14/74	Ci i/iici co
										Case Rate-
										Excluding
										Professional
				AFTERCARE MALISCHI OSKELETAL						Charges which
				AFTERCARE, MUSCULOSKELETAL						
				SYSTEM & CONNECTIVE TISSUE						are paid by
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG	561	W/O CC/MCC	No	N/A	\$ 7,474.00	\$ 7,474.00	N/A	CPT/HCPCS
									-	
										Casa Bata
										Case Rate-
										Excluding
										Professional
										Charges which
Laura Tamas Assata Canadana (*	In an attend to the Towns Comp			Dulan and an advance of a section of						_
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Pulmonary edema respiratory						are paid by
Stay	Hospital	DRG	LTC189	failure	No	N/A	\$ 74,931.49	\$ 74,931.49	Non-Par	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Respiratory system diagnosis w						are paid by
	_	DDC	LTCCC			81.75	ć 27.700.00	¢ 27.700.00	No. 5	
Stay	Hospital	DRG	L1C207	ventilator support >96 hours	No	N/A	\$ 37,703.24	\$ 37,703.24	Non-Par	CPT/HCPCS

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					Required		Minimum	<u>Maximum</u>	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
						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	Non-Par	Day
Stay	позрітаі	ОВ	200	ROOM & BOATG	NO	uleilij	Dieiii	Dieiii	NOII-Pai	Day
						500/ Ol				
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &						\$1,109.30 Per				Per Diem Per
Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	Diem	\$ 227.70	\$ 850.00	Non-Par	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 2-		\$1,109.30 Per				Per Diem Per
Board	Inpatient Skilled Nursing	UB	192	Comprehensive Care	No	Diem	\$ 299.70	\$ 850.00	Non-Par	Day
Doura	inpution skined reasons	05	132	Comprehensive care	140	Diem	Ç 233.70	y 030.00	Troil Full	Day
						F30/ Chaves				
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 3- Complex		\$1,109.30 Per				Per Diem Per
Board	Inpatient Skilled Nursing	UB	193	Care	No	Diem	\$ 370.00	\$ 850.00	Non-Par	Day
						1				
						1				
Hospital Outpatient Procedure	Hospital Outpatient	CPT	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	\$201.95	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$217.25	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$223.35	Case Rate
				(outputient)		, _,		, _,0020	Ţ	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	10000	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	\$1,361.48	Case Rate
nospital Outpatient Procedure	nospitai Outpatient	CPT	13003	DY PLEAST TOT IESIGII NO IIIIAR	140	3,052.42	301.25 ب	2,304.30 ب	91,301.46	case nate

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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	10120	growth, open procedure	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Tiospital Outpatient Flocedure	nospital outpatient	CFI	19120	growth, open procedure	Tes	Volume	,	7	Volume	Case Nate
									4	
Injections	Hospital Outpatient	CPT	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$282.84	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$1,759.00	Case Rate
						N/A No			N/A No	
						Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	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
				(confidence of						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	21575	Laryngoscopy - Diagnostic	No	\$ 449.87	\$ 135.86	\$ 1,978.02	\$228.37	Case Rate
Tiospital Outputient Frocedure	nospital outputient	CFI	31373	Laryingoscopy - Diagnostic	NO	ÿ 443.07	7 133.00	7 1,570.02	J220.37	case nate
						4 500.00	A 200 F4	4 4 0 5 0 6	4507.75	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	32555	Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$687.76	Case Rate
						N/A No			N/A No	
				Tonsillectomy with Adenoidectomy		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	42820	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43235	Diagnostic	Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$827.84	Case Rate
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43239	With Biopsy	Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$852.48	Case Rate
•	<u> </u>							-		
				Colonoscopy - Diagnostic						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45379	(outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$907.28	Case Rate
Tiospital Outputient Frocedure	Trospital Outputient	C. 1	75576	(outputient)	163	y 2,117.30	y 333.73	y 2,220.00	9307.20	case nate
				Colonosconii Mich Bioneii						
			45000	Colonoscopy - With Biopsy	.,	4 2 2 2 2 2 2	A 242.55		44.426.65	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45380	(outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$1,126.93	Case Rate

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Service Category	Service Setting	туре	coue	Description	<u>Service:</u>	Casii Fiice	Charge	Charge	Charge	Estimate Type
				Colonia de Milato Dolono Dono con la						
				Colonoscopy - With Polyp Removal						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45385	(outpatient)	Yes	\$ 3,317.89	\$ 354.50	\$ 4,434.15	\$1,211.26	Case Rate
						N/A No			N/A No	
				Ultrasound examination of lower		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	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	\$4,923.34	Case Rate
	Trooping: Carpanent	C	47302	Can Diadaci Gaigery (Caspanency	103	+,	+	+ 10,0700	Ţ 1,020.0 1	000011010
			40440			A 2444.60		A 0.455.54	44 500 05	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$1,586.25	Case Rate
				Repair of groin hernia patient age 5						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	49505	years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$3,314.33	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	51798	Urine Capacity Measurement	No	\$ 97.04	\$ -	\$ 1,579.20	\$59.45	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$577.43	Case Rate
nospital outputient i roccuure	nospital outputient	Ci i	32000	Сузгозгору	140	Ų 1,175.22	Ų 20217O	ÿ 1,550.52	4377143	case nate
Hasnital Outputiont Press der-	Hassital Outrations	CDT	FF700	Bioney of prostate aloud	Voc	ć 11CE 04	ć 204.7C	ć 2.621.04	¢1 C41 C0	Cose Deta
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	35/00	Biopsy of prostate gland	Yes	\$ 1,165.04			\$1,641.69	Case Rate
				Surgical removal of prostate and		N/A No	N/A No	N/A No	N/A No	
				surrounding lymph nodes using an		Service	Service	Service	Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	55866	endoscope	Yes	Volume	Volume	Volume	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58100	Biopsy - Endometrial (Uterus)	No	\$ 375.83	\$ 144.00	\$ 1,697.39	\$234.05	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58300	Insert intrauterine device	No	\$ 632.24	\$ 48.93	\$ 1,749.37	\$13.52	Case Rate
		1	22300	The state of the s		÷ 002.24	+ -10.55	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7-3.52	
Hoositel Outpotiont Brooding	Heavital Outrations	CDT	E0204	Domestic introdutering device	No	ć 373.0F	ć 22.24	ć 1.40F.50	6224.02	Cose Deta
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58301	Remove intrauterine device	No	\$ 273.85	\$ 32.34	\$ 1,495.58	\$324.02	Case Rate

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Service Category	Service Setting	Type	code	Description	Servicer	Casii Pi	ice		harge		Charge	Charge	Estimate Type
												4	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	59025	Fetal Non-Stress Test	No	\$ 26	0.79	\$	118.53	\$	1,596.22	\$178.96	Case Rate
Duefersional Comitee Associated				Routine obstetric care for vaginal									
Professional Services Associated	Bunfarda al Camina	CDT	50400	delivery, including pre-and post-	V	ć 4.40	c 24		242.00	,	2 270 40	ć2 40C 42	Const. Dotto
with Inpatient Stay	Professional Services	СРТ	59400	delivery care	Yes	\$ 4,49	6.21	\$	242.00	\$	3,278.48	\$3,196.13	Case Rate
Professional Services Associated													
with Inpatient Stay	Professional Services	СРТ	59410	Obstetrical care	No	\$ 2,23	0.06	Ś	133.91	Ś	1,625.81	\$1,574.96	Case Rate
With inputions stuy	Troressionar services	Ci i	33410	Routine obstetric care for cesarean	140	ÿ 2,23	0.00	Ψ	100.01	7	1,023.01	41,374.30	cuse nate
Professional Services Associated				delivery, including pre-and post-									
with Inpatient Stay	Professional Services	СРТ	59510	delivery care	Yes	\$ 4,96	6.56	Ś	246.05	Ś	3,619.13	\$3,528.30	Case Rate
processor,				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	\$ 4,70	6.58	\$	305.08	\$	3,429.34	\$3,344.99	Case Rate
				Injection of substance into spinal									
				canal of lower back or sacrum using									
Hospital Outpatient Procedure	Hospital Outpatient	CPT	62322	imaging guidance	Yes	\$ 1,05	5.18	\$	379.33	\$	1,880.39	\$639.03	Case Rate
				Injection of substance into spinal									
				canal of lower back or sacrum using									
Hospital Outpatient Procedure	Hospital Outpatient	CPT	62323	imaging guidance	Yes	\$ 1,66	5.98	\$	305.01	\$	1,988.33	\$662.12	Case Rate
				Injections of anesthetic and/or									
				steroid drug into lower or sacral									
				spine nerve root using imaging									
Hospital Outpatient Procedure	Hospital Outpatient	CPT	64483	guidance	Yes	\$ 1,77		\$	358.46	\$	1,980.49	\$832.61	Case Rate
						N/A N						N/A No	
				Removal of recurring cataract in		Servic		١.		١.		Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	66821	lens capsule using laser	Yes	Volum		\$	-	\$	-	Volume	Case Rate
						N/A N						N/A No	
				Removal of cataract with insertion		Servic				_		Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66984	of lens	Yes	Volum	ie	\$	-	\$	-	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	69210	Remove impacted ear wax	No	\$ 16	8.99	\$	48.93	\$	1,604.78	\$95.98	Case Rate

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Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?	_	scounted	M Ne	dentified inimum gotiated charge	Ν	e-Identified Maximum egotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ		CT Scan - Head/Brain, without	No	\$	901.06		127.22	\$	1,318.18	\$157.58	Per Unit
Radiology Services	Hospital Outpatient	СРТ		CT Scan - Head/Brain, without Contrast	Yes	\$	901.06		127.22		1,318.18	\$157.58	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	\$246.82	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$	1,668.57	\$	127.52	\$	2,259.85	\$158.09	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70496	Ct angiography head	No	\$	1,871.05	\$	223.05	\$	1,996.31	\$284.74	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$	1,632.72	\$	223.05	\$	1,677.63	\$284.74	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$	1,518.19	\$	252.20	\$	2,270.30	\$305.44	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$	2,314.59	\$	406.50	\$	3,409.54	\$489.41	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$	138.11	\$	19.91	\$	181.37	\$79.10	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$	148.99	\$	31.50	\$	193.55	\$81.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$	205.20	\$	38.07	\$	271.73	\$114.22	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$	1,024.52	\$	141.11	\$	1,468.48	\$181.69	Per Unit

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Service Category	Service Setting	Туре	Code	<u>Description</u>	Service?	C	ash Price	Charg	ge		Charge	Charge	Estimate Type
				CT Scan - Chest, with Contrast									
Radiology Services	Hospital Outpatient	CPT	71260	(outpatient)	No	\$	1,448.52	\$ 20	0.76	\$	2,034.88	\$245.60	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71275	Ct angiography chest	No	\$	1,935.65	\$ 22	6.19	\$	2,092.27	\$290.34	Per Unit
induiting Screeces	Tiospital Outputient	Cit	71273	et angiography enest	140	7	1,333.03	7 22	.0.13	7	2,032.27	3230.34	T CT OTHE
Radiology Services	Hospital Outpatient	CPT	72040	X-Ray - Neck, Cervical Spine	No	\$	154.65	\$ 3	7.93	\$	204.42	\$82.44	Per Unit
Radiology Services	Hospital Outpatient	CPT	72070	X-Ray - Middle Back, Thoracic Spine	No	\$	251.61	\$ 3	3.93	\$	338.99	\$106.95	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72100	X-Ray - Spine (outpatient)	No	\$	199.60	\$ 3	7.93	\$	265.13	\$108.63	Per Unit
induitingly services	- Inospital Gutputient	C	72100	A nay Spine (Suspansins)	110	~	155100	<u> </u>	7.55	7	203.13	\$100.03	T CT OTHE
				X-Ray, lower back, minimum four									
Radiology Services	Hospital Outpatient	CPT	72110		Yes	\$	213.64	\$ 5	2.80	\$	284.93	\$111.45	Per Unit
Radiology Services	Hospital Outpatient	CPT	72125	Ct neck spine w/o dye	No	\$	1,459.37	\$ 13	6.86	\$	1,750.92	\$169.35	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72126	Ct neck spine w/dye	No	\$	1,293.16	\$ 26	0.86	Ġ	1,821.59	\$405.44	Per Unit
		-	,2120	at most opinio wy wy c		_	1,233.10	y 20	3.30	_	1,021.33	φ.του. τ.τ	
Radiology Services	Hospital Outpatient	CPT	72127	Ct neck spine w/o & w/dye	No	\$	1,815.93	\$ 20	1.73	\$	2,118.48	\$247.33	Per Unit
						١.							
Radiology Services	Hospital Outpatient	CPT	72129	Ct chest spine w/dye	No	\$	1,520.66	\$ 19	9.82	\$	1,805.90	\$243.41	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72132	Ct lumbar spine w/dye	No	Ś	1,518.43	\$ 26	0.86	Ś	1,805.90	\$405.44	Per Unit
		-	,	and a price of the		_	2,020.40	, <u>-</u>		_	_,555.56	7.00	
Radiology Services	Hospital Outpatient	CPT	72133	Ct lumbar spine w/o & w/dye	No	\$	1,904.42	\$ 20	1.90	\$	2,238.70	\$246.82	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	<u>Casii Price</u>	Charge	<u>Charge</u>	<u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpationt	СРТ	721/11	MRI NECK SPINE W/O DYE	No	\$ 1,441.84	\$ 252.20	\$ 2,177.11	\$305.44	Per Unit
Radiology Services	Hospital Outpatient	CPT	/2141	WINTINEER SPINE W/O DTE	No	3 1,441.04	\$ 232.20	3 2,177.11	3303.44	rei Ollit
Padialogy Consises	Hospital Outpatiant	СРТ	721/10	MARL Rock (outnotiont)	Yes	\$ 1,381.13	\$ 252.20	\$ 2,137.12	\$305.44	Per Unit
Radiology Services	Hospital Outpatient	CPT	72140	MRI - Back (outpatient)	res	\$ 1,301.13	\$ 252.20	\$ 2,137.12	\$305.44	Per Onit
Padialogy Convices	Hospital Outpatiant	СРТ	72170	V Boy Dolyis	N.	\$ 249.04	\$ 28.72	\$ 327.10	\$104.70	Per Unit
Radiology Services	Hospital Outpatient	CPT	/21/0	X-Ray - Pelvis	No	\$ 249.04	\$ 20.72	\$ 327.10	\$104.70	Per Onit
Dadialam: Caminas	Heavital Outrations	CDT	72400	V DAY EVANA OF DELVIS	NI -	ć 200 F2	ć 20.00	\$ 264.73	¢110.07	Dou I Init
Radiology Services	Hospital Outpatient	CPT	72190	X-RAY EXAM OF PELVIS	No	\$ 208.53	\$ 39.60	\$ 264.73	\$110.87	Per Unit
Dadialam: Camiasa	Heavital Outrations	CDT	72102	CT con policie with contract	Vac	ć 1 F2C 0C	ć 107.20	ć 2.142.0F	¢220.61	Dou Huit
Radiology Services	Hospital Outpatient	СРТ	/2193	CT scan, pelvis, with contrast	Yes	\$ 1,536.96	\$ 197.29	\$ 2,142.05	\$238.61	Per Unit
Padialogy Samisas	Hospital Outpatiant	CDT	72107	MRI - Pelvis (outpatient)	N	\$ 2,448.72	\$ 402.71	\$ 3,522.33	\$481.55	Dor Unit
Radiology Services	Hospital Outpatient	CPT	/219/	iviki - Peivis (outpatient)	No	\$ 2,440.72	\$ 402.71	\$ 3,322.33	3461.33	Per Unit
Padialam: Caminas	Heavital Outrations	CDT	72000	V ven even of celler bene	NI-	ć 147.F0	ć 22.40	ć 10F.03	ć77 02	Day Huit
Radiology Services	Hospital Outpatient	CPT	/3000	X-ray exam of collar bone	No	\$ 147.59	\$ 22.40	\$ 185.92	\$77.93	Per Unit
Padialam: Caminas	Heavital Outrations	СРТ	72010	V very evens of charildes blade	N	\$ 196.93	\$ 26.01	\$ 251.93	\$105.23	Day Huit
Radiology Services	Hospital Outpatient	CPT	/3010	X-ray exam of shoulder blade	No	\$ 196.93	\$ 26.01	\$ 251.93	\$105.23	Per Unit
Padialagy Sandicas	Hospital Outpationt	CDT	72020	V Pay Shoulder (outpationt)	No	\$ 149.50	\$ 28.33	\$ 196.92	\$79.61	Por Unit
Radiology Services	Hospital Outpatient	CPT	/5050	X-Ray - Shoulder (outpatient)	No	y 145.30	۷ 20.33	130.32 پ	\$73.01	Per Unit
Padiology Sondices	Hospital Outpationt	СРТ	72060	X-RAY EXAM OF HUMERUS	No	\$ 147.62	\$ 29.40	\$ 195.82	\$77.93	Per Unit
Radiology Services	Hospital Outpatient	CPT	/5000	A-INAT EAMINI OF HUIVIERUS	No	y 147.02	25.40	135.62	\$11.55	rei Oiiit
Padiology Sondices	Hospital Outpationt	СРТ	72070	V ray ovam of alboy	No	\$ 146.83	\$ 25.07	\$ 191.42	\$77.93	Por Unit
Radiology Services	Hospital Outpatient	CPI	/30/0	X-ray exam of elbow	INU	\$ 146.83	\$ 25.07	\$ 191.42	\$77.55	Per Unit
Padiology Sonvices	Hospital Outpations	СРТ	72000	V DAV EVAM OF ELBOW	No	\$ 122.83	¢ 26.72	\$ 154.02	\$78.51	Por Unit
Radiology Services	Hospital Outpatient	CPT	/3080	X-RAY EXAM OF ELBOW	INO	β 122.83	\$ 26.72	β 154.02	\$/8.51	Per Unit

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Dedictor Comban	Unamital Contractions		70000	V DAY EVANA OF FORFARIA		ć 447.4		26.40	ć 454.03	677.00	Day Helia
Radiology Services	Hospital Outpatient	СРТ	/3090	X-RAY EXAM OF FOREARM	No	\$ 117.1	U \$	26.40	\$ 151.82	\$77.93	Per Unit
Dadialam Camias -	Heavital Outrations	CPT	72440	V Day Muiet (auto-ti-ut)	B1 =	ć 45C-	ء ا	20.72	6 400.60	Ć70 F4	Dou Huit
Radiology Services	Hospital Outpatient	СРТ	/3110	X-Ray - Wrist (outpatient)	No	\$ 156.5	2 5	30.72	\$ 196.19	\$78.51	Per Unit
Padialana Cambaa	Unamital Contractions		70400	V DAVEVANA OF HAND		ć 100.0	2 6	24.40	ć 240.72	6404.43	Dan Hait
Radiology Services	Hospital Outpatient	СРТ	/3120	X-RAY EXAM OF HAND	No	\$ 192.0	3 \$	24.40	\$ 249.73	\$104.12	Per Unit
B # 1			70400	v 5		454.5			400.40	470.54	
Radiology Services	Hospital Outpatient	СРТ	/3130	X-Ray - Hand	No	\$ 151.5	4 5	32.72	\$ 198.42	\$78.51	Per Unit
			70004	ARRI CI II SII WY		A 4 244 6		246.65	4 700 46	4205.27	
Radiology Services	Hospital Outpatient	СРТ	/3221	MRI - Shoulder, Elbow, or Wrist	No	\$ 1,211.8	2 \$	246.65	\$ 1,702.46	\$296.37	Per Unit
De dielem Comitee	Unamital Contractions			V Berry Hills		ć 430 F		27.77	ć 407.04	602.44	Doublets.
Radiology Services	Hospital Outpatient	СРТ	/3502	X-Ray - Hip	No	\$ 129.5	8 \$	37.77	\$ 197.91	\$82.44	Per Unit
				V DAV EVALA OF EFERNING 04		4505		20.54	400.00	470.40	
Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$ 150.5	1 \$	29.51	\$ 189.38	\$79.10	Per Unit
			=====	V DAV EVALA OF VIJEE 4 OD 3		A 204.0		22.40	4 255.00	4== 00	
Radiology Services	Hospital Outpatient	СРТ	/3560	X-RAY EXAM OF KNEE 1 OR 2	No	\$ 201.9	2 \$	32.40	\$ 266.82	\$77.93	Per Unit
Padialagy Convices	Hospital Outpotiont	CDT	72560	V Pay Vnoc (outretient)	B1 =	ć 202 r	م ا د	26.52	ć 251.35	¢70.61	Dor Unit
Radiology Services	Hospital Outpatient	CPT	/3562	X-Ray - Knee (outpatient)	No	\$ 263.5	υ >	36.52	\$ 351.25	\$79.61	Per Unit
Padialagy Convices	Hospital Outpotiont	CDT	72500	V rou ovem of lever les	B1 =	\$ 239.6	ء ا	22.40	é 224.40	¢77.42	Dor Unit
Radiology Services	Hospital Outpatient	CPT	/3590	X-ray exam of lower leg	No	\$ 239.6	۷ >	32.40	\$ 321.48	\$77.42	Per Unit
Dadialam Camina	Heavital Outrations	CPT	72000	V DAV EVANA OF ANIVE	B1 =	ć 404 =		21.00	ć 370.00	677.00	Dou Huit
Radiology Services	Hospital Outpatient	СРТ	/3600	X-RAY EXAM OF ANKLE	No	\$ 191.5	5	31.98	\$ 278.60	\$77.93	Per Unit
Dedictory Comics -	Heavital Outrations	CDT	72646	V Day Ankla (auto-sti-ust)	B1 =	ć 330 s		25.72	6 344.44	670.54	Dou Huit
Radiology Services	Hospital Outpatient	CPT	/3610	X-Ray - Ankle (outpatient)	No	\$ 239.0	> >	25.72	\$ 311.14	\$78.51	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$	196.24	Ġ	29.81	\$	262.21	\$76.91	Per Unit
nadiology Scrvices	nospitai outputient	CFT	73020	X-RAT EXAM OF TOOT	140	Y	130.24	Y	23.01	Y	202.21	Ş70.31	T CT OTHE
Dedictor Comban	Unanital Code attack	CDT	72620	V Day (Fact (autorations)	NI -	_	246.05		22.05		200.00	670.00	Devilled.
Radiology Services	Hospital Outpatient	CPT	/3630	X-Ray - Foot (outpatient)	No	\$	216.05	\$	33.95	\$	289.60	\$78.00	Per Unit
Radiology Services	Hospital Outpatient	CPT	73700	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	\$	134.01	\$	1,400.92	\$169.35	Per Unit
Radiology Services	Hospital Outpatient	CPT	73721	MRI - Knee (outpatient)	Yes	\$	1,224.32	\$	246.65	\$	1,828.36	\$295.27	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$	145.61	Ś	28.31	Ś	189.76	\$79.10	Per Unit
		-				-						Ţ	
Radiology Services	Hospital Outpatient	СРТ	7/150	Ct abdomen w/o dye	No	\$	977.64	ė .	142.38	ċ	1,446.99	\$184.23	Per Unit
Radiology Services	Hospital Outpatient	CFI	74150	ct abdomen w/o dye	INO	Ą	377.04	7	142.36	Ą	1,440.33	3104.23	rei Ollit
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Radiology Services	Hospital Outpatient	CPT	74170	Ct abdomen w/o & w/dye	No	\$	1,824.18	\$	207.86	Ş	2,144.29	\$257.49	Per Unit
				CT Scan - Abdomen and Pelvis, with									
Radiology Services	Hospital Outpatient	CPT	74177	Contrast	No	\$	2,748.11	\$	286.79	\$	3,568.86	\$452.88	Per Unit
				CT Scan - Abdomen and Pelvis, with									
Radiology Services	Hospital Outpatient	CPT	74177	Contrast	Yes	\$	2,748.11	\$	286.79	\$	3,568.86	\$452.88	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$	394.10	\$	56.38	\$	563.71	\$194.82	Per Unit
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Padiology Somicos	Hospital Outpationt	СРТ	7/270	V ray vm colon 1 cotret std	No	\$	E21 72	ċ	70.24	\$	578.01	\$220.00	Por Unit
Radiology Services	Hospital Outpatient	CPT	74270	X-ray xm colon 1cntrst std	IVO	þ	521.72	ş	79.34	Þ	3/8.01	\$229.09	Per Unit
								_				4445	
Radiology Services	Hospital Outpatient	CPT	75571	Ct hrt w/o dye w/ca test	No	\$	306.04	Ş	59.00	\$	323.39	\$110.03	Per Unit

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Radiology Services	Hospital Outpatient	CPT	76536	Ultrasound - Head and Neck	No	\$	460.62	\$ 78.79	\$ 386.50	\$135.07	Per Unit
Radiology Services	Hospital Outpatient	CPT	76642	Ultrasound - Breast (outpatient)	No	\$	152.68	\$ 78.52	\$ 249.30	\$117.88	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$	361.43	\$ 91.69	\$ 433.80	\$154.75	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$	327.93	\$ 46.05	\$ 372.20	\$136.79	Per Unit
naulology Services	nospital outpatient	CFI	70703	Oltrasouna - Abuommai, Emiteu	NO	7	327.33	7 40.03	3 372.20	\$130.75	reronic
Matamity/Daliyamy	Heavital Outrations	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$	450.50	ć 7C.F4	\$ 400.80	Ć140 F7	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	70770	OS EXAMI ABDO BACK WALL COMP	No	Ş	456.58	\$ 76.54	\$ 400.80	\$148.57	Per Offit
B d = t = m tt = /D = lt = = m :	Harrital Cotton at land		75004	OR LIG + 4.4 NAVES CINICIE EFFLIC		,	204 57	ć 00.0E	ć 20C 27	6460.76	Day Heli
Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$	391.57	\$ 86.65	\$ 396.27	\$168.76	Per Unit
				Ultrasound - Pregnancy							
Radiology Services	Hospital Outpatient	CPT	76805	(outpatient)	Yes	\$	367.73	\$ 100.36	\$ 437.10	\$168.76	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76811	OB US DETAILED SNGL FETUS	No	\$	522.04	\$ 198.65	\$ 587.50	\$337.91	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76815	OB US LIMITED FETUS(S)	No	\$	309.95	\$ 54.75	\$ 384.30	\$141.82	Per Unit
Radiology Services	Hospital Outpatient	CPT	76816	Ultrasound - Pregnancy Follow-Up	No	\$	406.54	\$ 64.37	\$ 384.30	\$157.51	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76818	FETAL BIOPHYS PROFILE W/NST	No	\$	476.50	\$ 82.20	\$ 387.27	\$173.19	Per Unit
-											
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$	407.39	\$ 97.44	\$ 398.34	\$151.34	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	76024	MIDDLE CEREBRAL ARTERY ECHO	NI-	Ś	370.14	\$ 88.69	\$ 391.69	\$145.45	Per Unit
Radiology Services	Hospital Outpatient	CPI	76821	WIIDDLE CEREBRAL ARTERY ECHO	No	ş	370.14	\$ 66.05	\$ 331.03	\$145.45	Per Offit
				Illians and Tonin 1 11							
				Ultrasound - Transvaginal (non-		١.					
Radiology Services	Hospital Outpatient	CPT	76830	maternity)	Yes	\$	475.43	\$ 98.63	\$ 463.90	\$145.16	Per Unit
Radiology Services	Hospital Outpatient	CPT	76856	Ultrasound - Pelvic (outpatient)	No	\$	344.00	\$ 70.34	\$ 408.50	\$144.65	Per Unit
Radiology Services	Hospital Outpatient	CPT	77065	Mammography of one breast	Yes	\$	546.40	\$ 107.57	\$ 501.03	\$139.99	Per Unit
<u> </u>	· ·			017		i .					
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$	383.79	\$ 135.81	\$ 629.70	\$175.56	Per Unit
nautology services	Trospital Outputient	Ci i	77000	ividininography or both breasts	103	7	303.73	7 133.01	ÿ 023.70	ÿ173.30	T CT OTHE
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Radiology Services	Hospital Outpatient	CPT	77067	Mammogram (outpatient)	Yes	\$	406.73	\$ 109.22	\$ 504.02	\$140.44	Per Unit
Radiology Services	Hospital Outpatient	CPT	77080	Bone Density Scan (outpatient)	No	\$	247.25	\$ 56.29	\$ 393.45	\$106.44	Per Unit
Radiology Services	Hospital Outpatient	CPT	77081	Dxa bone density/peripheral	No	\$	116.84	\$ 33.80	\$ 171.64	\$80.76	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$ 1,	010.04	\$ 336.74	\$ 2,091.45	\$1,156.85	Per Unit
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Laboratory & Bathology Sorvices	Hospital Outpationt	СРТ	90049	Blood Tost - Basis Motabolis Banal	Yes	Ś	158.03	\$ 11.84	\$ 221.33	\$21.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CFI	00046	Blood Test - Basic Metabolic Panel	162	P	130.03	y 11.04	۷ 221.33	321.13	rei Unit
				Blood Took Communication							
			000	Blood Test - Comprehensive	.,,					400.00	5 11 11
Laboratory & Pathology Services	Hospital Outpatient	CPT	80053	Metabolic Panel	Yes	\$	93.73	\$ 14.78	\$ 136.89	\$26.40	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	CPT	80055	Panel	Yes	Volume	Volume	Volume	Volume	Per Unit
				Blood Test - Cholesterol Test, Lipid						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80061	Panel	Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$12.05	Per Unit
				Blood Test - Renal (Kidney)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	90060	Function Panel	Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$21.70	Per Unit
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				Discolution Household Street						
				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$20.42	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80307	Drug test prsmv chem anlyzr	No	\$ 128.65	\$ 55.93	\$ 199.53	\$55.93	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
			02000							
				Urine Test - Automated with						
labanatan O Bathalan Gardaa	Harrist Contractions	CD-	04.004			ć 22.46	ć 4.44	ć 24.47	67.00	Day Heli
Laboratory & Pathology Services	Hospital Outpatient	CPT	81001	Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$7.92	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$3.13	Per Unit
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$5.63	Per Unit
									-	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$21.53	Per Unit
Laboratory & Fathology Services	1103pital Outpatient	CF1	01023	Office rest - Fregulaticy	INU	y 40.67	7 10.45	y 30.29	721.33	i ei Oiiit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$4.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$26.64	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	82330	Assay of calcium	No	\$	35.11	\$ 12.31	\$ 67.00	\$12.31	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82375	Assay carboxyhb quant	No	\$ 1	14.13	\$ 11.09	\$ 153.64	\$11.09	Per Unit
			02070	- iou y carbon y iio quant		· -			7 200.01	V 22.05	
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82465	Assay bld/serum cholesterol	No	\$	15.28	\$ 3.92	\$ 23.76	\$3.92	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82550	Assay of ck (cpk)	No	\$	12.70	\$ 5.86	\$ 35.53	\$5.86	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82552	Assay of cpk in blood	No	\$	26.14	\$ 12.05	\$ 75.41	\$12.05	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82565	Assay of creatinine	No	\$ 1	L24.50	\$ 7.17	\$ 70.25	\$12.80	Per Unit
				Blood Test - Vitamin B-12							
Laboratory & Pathology Services	Hospital Outpatient	CPT	82607	(Cyanocobalamin) Level	No	\$	29.40	\$ 13.57	\$ 82.73	\$13.57	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82610	Cystatin c	No	\$ 1	140.40	\$ 14.17	\$ 405.00	\$16.67	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	83550	Assay of erythropoietin	No	\$	36.68	\$ 16.91	\$ 99.20	\$16.91	Per Unit
Laboratory & Fathology Services	Tiospital Outpatient	GF I	32008	Assay of erythropoletin	IVO	7	30.03	7 10.51	y 55.20	Ş10.31	T CT OTHE
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82670	Assay of estradiol	No	\$	54.51	\$ 25.15	\$ 152.33	\$25.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82693	Assay of ethylene glycol	No	\$	20.29	\$ 13.41	\$ 40.08	\$13.41	Per Unit
				Blood Test - Ferritin (Blood Protein)							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82728		No	Ś	33.53	\$ 19.09	\$ 96.63	\$34.08	Per Unit
Educatory & Fathology Services	nospital Outpatient	CF I	02/20	ECVCI	140	Y	33.33	7 13.03	70.03	934.00	i ci Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	82746	Blood Test - Folic Acid Level	No	\$ 37.7	' 5 \$	13.23	\$ 79.52	\$13.23	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82803	Blood gases any combination	No	\$ 73.4	0 \$	20.17	\$ 106.16	\$23.46	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 34.0	4 \$	5.51	\$ 49.42	\$9.83	Per Unit
Laboratory a rathology services	riospitai Sutputient	Ci i	02347	rissay gracese sreea quarre	140	ÿ 5410	, , ,	3.31	y 43142	73.03	T CT OTHE
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82962	Glucose blood test	No	\$ 45.5	5 \$	3.89	\$ 61.82	\$8.20	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83018	Heavy metal quant each nes	No	\$ 172.9	7 \$	19.76	\$ 498.96	\$19.76	Per Unit
				Blood Test - Blood Glucose Control							
Laboratory & Pathology Services	Hospital Outpatient	CPT	83036	(Hemoglobin A1C)	No	\$ 71.2	7 \$	8.74	\$ 95.94	\$8.74	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	02000	Assay of histamine	No	\$ 75.8	4 \$	26.58	\$ 218.76	\$26.58	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	83088	Assay of filstaffille	NO	\$ 75.0	7	20.38	Ş 210.70	720.38	rei oiiit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83518	Immunoassay dipstick	No	\$ 147.0	19 \$	6.55	\$ 424.29	\$8.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83540	Blood Test - Iron Level	No	\$ 51.9	0 \$	9.06	\$ 75.77	\$16.17	Per Unit
							T				
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$ 27.4	4 \$	10.41	\$ 58.05	\$10.41	Per Unit
, 10,11							1				
				Blood Test - Lipase (fat enzyme)							
Laboratory & Pathology Convices	Hospital Outpations	СРТ	83690		No	\$ 69.4	7 S	6.20	\$ 93.51	\$6.20	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CFI	03030	LEVEI	IVU	9.40 ب	7 3	0.20	75.51	30.20	rei Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	83735	Assay of magnesium	No	\$ 53.8	2 \$	9.38	\$ 78.56	\$16.75	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	83880	Assay of natriuretic peptide	No	\$ 172.	5 \$	35.33	\$ 232.27	\$35.33	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84100	Assay of phosphorus	No	\$ 61.7	3 \$	6.64	\$ 87.67	\$11.85	Per Unit
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			04400						A 60.65	444.00	B 11.11
Laboratory & Pathology Services	Hospital Outpatient	CPT	84132	Assay of serum potassium	No	\$ 43.2	3 \$	6.66	\$ 62.65	\$11.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84132	Assay of serum potassium	No	\$ 43.2	3 \$	6.66	\$ 62.65	\$11.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 52.	9 \$	18.77	\$ 96.68	\$18.77	Per Unit
Laboratory at ratheredy services	Troopital Gatpatient	C	01211	rissay or progesterone	110	y 32	,5 ,	20177	φ 30.00	V10177	T CT OTHE
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Laboratoria O Both domico Comitoria	Harristal Outrations		04450	Blood Test - Prostate Specific	.,	. 74		25.75	ć 11C.CD	Ć45.07	Devilleda.
Laboratory & Pathology Services	Hospital Outpatient	CPT	84153	Antigen (PSA) Level	Yes	\$ 74.2	1 \$	25.75	\$ 116.68	\$45.97	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84154	PSA (prostate specific antigen)	Yes	\$ 106.3	\$4 \$	16.55	\$ 143.15	\$16.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84182	Protein western blot test	No	\$ 382.	2 5	18.76	\$ 588.80	\$26.29	Per Unit
7 10 11 10 10 10							+				
Laboratory & Pathology Sonvices	Hospital Outpatient	СРТ	8/1205	Assay of serum sodium	No	\$ 42.3	.0 \$	4.33	\$ 56.67	\$4.33	Per Unit
Laboratory & Pathology Services	riospitai Outpatielit	CFI	04233	noody of Scium Soulum	INO	, 42	.U 3	4.33	70.07	Ş4.33	rei Uiiit
				Blood Test - Thyroxine (Thyroid						4-	
Laboratory & Pathology Services	Hospital Outpatient	CPT	84439	Chemical) Level, Free	No	\$ 66.2	1 \$	8.12	\$ 89.13	\$8.12	Per Unit
				Blood Test - Thyroid Stimulating							
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Hormone (TSH) Level	No	\$ 64.0	7 \$	23.52	\$ 119.09	\$42.00	Per Unit
				Blood Test - Thyroid Stimulating							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	8///2	Hormone (TSH) Level	Yes	\$ 64.0	7 \$	23.52	\$ 119.09	\$42.00	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFI	04443	Hormone (13H) Level	162	04.۱	۲, 3	23.32	ביים די	342.00	rer Ullit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	84480	Assay triiodothyronine (t3)	No	\$ 96.3	1 \$	12.76	\$ 129.65	\$12.76	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84484	Assay of troponin quant	No	\$ 81.7	0 \$	10.26	\$ 121.45	\$11.22	Per Unit
	The state of the s			,			•				
Laboratory & Dathology Comises	Hospital Outpationt	СРТ	04703	Charianis ganadatronin tast	N	\$ 125.7	, ,	11 54	\$ 169.31	¢12 FF	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPI	84/02	Chorionic gonadotropin test	No	\$ 125.7	7 3	11.54	\$ 169.31	\$13.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85014	Hematocrit	No	\$ 26.9	5 \$	2.13	\$ 36.27	\$2.13	Per Unit
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	CPT	85025	Count and Automated WBC	Yes	\$ 77.9	8 \$	10.88	\$ 112.06	\$19.42	Per Unit
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				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	95027	Count (Hemoglobin)	Yes	\$ 60.7	9 \$	5.82	\$ 81.83	\$5.82	Per Unit
Laboratory & Patriology Services	Hospital Outpatient	CPI	03027	Count (Hemogrobin)	res	3 00.7	9 9	5.02	\$ 61.65	33.02	rei oiiit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85240	Clot factor viii ahg 1 stage	No	\$ 45.9	7 \$	16.11	\$ 95.56	\$16.11	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85378	Fibrin degrade semiquant	No	\$ 53.5	7 \$	7.44	\$ 72.11	\$8.75	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85610	Blood Test - Clotting Time	Yes	\$ 44.8	1 \$	6.01	\$ 64.27	\$10.72	Per Unit
		- · ·	55010			7	- 7	0.01	7 0-1.27	7-31/2	
Laboratory & Doth-law Card	Heavital Outrations	CDT	05040	Dunnell singuisment of diluted		6 34	يرا ۾	0.24	ć 70.00	će ca	Dou Huit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85613	Russell viper venom diluted	No	\$ 24.6	1 \$	8.24	\$ 70.98	\$8.62	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85660	RBC SICKLE CELL TEST	No	\$ 53.3	2 \$	4.96	\$ 71.77	\$4.96	Per Unit
				Blood Test - Coagulation							
Laboratory & Pathology Services	Hospital Outpatient	CPT	85730	Assessment	Yes	\$ 46.0	1 \$	5.41	\$ 61.94	\$5.41	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	85732	Thromboplastin time partial	No	\$ 12.6	3 \$	5.82	\$ 36.42	\$5.82	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86140	C-reactive protein	No	\$ 48.4	\$	4.66	\$ 65.28	\$4.66	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86360	T cell absolute count/ratio	No	\$ 65.0	\$ (42.28	\$ 211.59	\$42.28	Per Unit
,				-					-	-	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86361	T cell absolute count	No	\$ 132.7	2 4	24.10	\$ 383.03	\$24.10	Per Unit
Laboratory & Fathology Services	nospital outputient	Ci i	80301	T cen absolute count	140	7 132.7	, ,	24.10	7 303.03	724.10	T CT OTHE
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86431	Rheumatoid factor quant	No	\$ 52.7) \$	5.10	\$ 70.95	\$5.10	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 37.8	1 \$	3.84	\$ 50.90	\$3.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 37.8	1 \$	3.84	\$ 50.90	\$3.84	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$ 57.3	7 5	9.16	\$ 165.50	\$9.16	Per Unit
	- поортан о поравлено		3332			Ţ 07.0	<u> </u>	5.20	+ 100.00	75.25	
Laboratory & Pathology Convices	Hospital Outpatient	СРТ	96615	Bordetella antibody	No	\$ 25.7	1 6	11.87	\$ 81.45	\$11.87	Per Unit
Laboratory & Pathology Services	Tiospital Outpatient	CFI	90012	Doructella alltibouy	INU	ې <u>25.7</u> 0	7	11.0/	Ç 01.43	311.07	rei Ullit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86651	Encephalitis californ antbdy	No	\$ 25.7	\$	11.87	\$ 110.13	\$11.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86652	Encephaltis east eqne anbdy	No	\$ 25.7	1 \$	11.87	\$ 110.13	\$11.87	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86653	Encephaltis st louis antbody	No	\$ 25.7	1 \$	11.87	\$ 110.13	\$11.87	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86654	Encephaltis west eqne antbdy	No	\$ 25.7	4 \$	11.87	\$ 110.13	\$11.87	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86663	Epstein-barr antibody	No	\$ 25.0	50 \$	11.81	\$ 83.21	\$11.81	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86677	Helicobacter pylori antibody	No	\$ 30.0	8 \$	15.13	\$ 63.03	\$15.17	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	96602	Hepatitis delta agent antbdy	No	\$ 29.3	6 \$	15.44	\$ 50.98	\$15.44	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	80032	riepatitis deita agent antbuy	IVO	y 25	.0 7	13.44	3 30.38	313.44	rei oiiit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86698	Histoplasma antibody	No	\$ 79.0	55 \$	12.41	\$ 107.23	\$12.41	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86704	HEP B CORE ANTIBODY TOTAL	No	\$ 86.3	1 \$	10.85	\$ 115.92	\$10.85	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86705	HEP B CORE ANTIBODY IGM	No	\$ 22.9	8 \$	10.59	\$ 57.38	\$10.59	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$ 98.9	8 \$	9.67	\$ 133.25	\$9.67	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86/0/	Hepatitis be antibody	No	\$ 22.	6 \$	10.41	\$ 65.09	\$10.41	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86708	Hepatitis a antibody	No	\$ 22.7	1 \$	11.15	\$ 56.71	\$11.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86762	Rubella antibody	No	\$ 78.3	9 \$	12.95	\$ 225.56	\$12.95	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	\$ 25.3	4 \$	11.59	\$ 72.53	\$11.59	Per Unit
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				86769 - SARS-COV-2 COVID-19						
Laboratory & Pathology Services	Hospital Outpatient	CPT	86769	ANTIBODY	No	\$ 51.48	\$ -	\$ 112.07	\$37.92	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$11.59	Per Unit
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				Blood Test - Hepatitis C Antibody						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	-	No	\$ 67.64	\$ 12.84	\$ 91.06	\$12.84	Per Unit
Laboratory & Patriology Services	Hospital Outpatient	CPT	00003	Level	INO	\$ 07.04	3 12.04	3 31.00	312.04	rei Ollit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$13.94	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$40.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$116.47	Per Unit
Laboratory at rathology services	Troopital Outputient	Ci i	00003	Coombo test maneet quar	140	Ç 244172	ÿ 3.03	ÿ 525145	7110147	T CI OIIIC
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$88.49	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$88.49	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$27.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$27.13	Per Unit
		- · ·	55501	2.553 typing seroiogic in(a)	140	7 00.24	7 3.76	7 31.10	Q27.13	. c. ct
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$ 4.84	\$ 383.37	\$230.02	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 13.44	\$ 344.22	\$116.47	Per Unit

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Laboratory & Pathology Services Hospital Outpatient CPT 87040 Blood culture for bacteria No \$ 133.90 \$ 9.29 \$ 180.25	\$9.29	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 87070 Bacterial Culture - Swab No \$ 138.63 \$ 7.76 \$ 186.61	\$7.76	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 87077 Bacterial Culture - Aerobic Isolates No \$ 60.43 \$ 7.27 \$ 81.35	\$7.27	Per Unit
Test for Disease-Causing	γ/.2/	T CT OTHE
(Pathogenic) Organisms, Not		
Laboratory & Pathology Services Hospital Outpatient CPT 87081 Limited to a Specific Condition No \$ 81.17 \$ 5.97 \$ 109.26	\$5.97	Per Unit
Urine Test - Bacterial Culture,		
Laboratory & Pathology Services Hospital Outpatient CPT 87086 Quantitative Colony Count No \$ 82.16 \$ 7.26 \$ 110.60	\$7.26	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 87088 Urine Test - Bacterial Culture No \$ 15.80 \$ 7.28 \$ 43.86	\$7.28	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 87110 Chlamydia culture No \$ 130.74 \$ 17.64 \$ 175.99	\$17.64	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 87110 Chlamydia culture No \$ 130.74 \$ 17.64 \$ 175.99	\$17.04	Per Unit
Evaluation of Antimicrobial Drug		
Laboratory & Pathology Services Hospital Outpatient CPT 87186 (antibiotic, antifungal, antiviral) No \$ 69.16 \$ 7.79 \$ 93.10	\$7.79	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 87205 Lab Test - Smear for Microorganism No \$ 49.93 \$ 3.84 \$ 67.21	\$3.84	Per Unit
Lab Test - Detection test for		
Laboratory & Pathology Services Hospital Outpatient CPT 87340 Hepatitis B Surface Antigen No \$ 63.55 \$ 9.30 \$ 85.55	\$9.30	Per Unit
	72.00	
Lab Test - Detection test for HIV-1		
	624.67	Dor Unit
Laboratory & Pathology Services Hospital Outpatient CPT 87389 and HIV-2 No \$ 110.43 \$ 21.67 \$ 148.66	\$21.67	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 87425 Rotavirus ag ia No \$ 37.44 \$ 10.78 \$ 108.00	\$10.78	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	87491	Urine Test - Chlamydia	No	\$	108.43	\$ 31.58	\$ 171.03	\$31.58	Per Unit
				Urine Test - Gonorrhoeae		l .					
Laboratory & Pathology Services	Hospital Outpatient	CPT	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$	90.13	\$ 31.58	\$ 171.03	\$31.58	Per Unit
				87635 - SARS-COV-2 COVID-19							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87635	AMP PRB	No	\$	53.36	\$ -	\$ 136.48	\$46.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87798	Detect agent nos dna amp	No	\$	90.13	\$ 31.58	\$ 171.03	\$31.58	Per Unit
				Lab Test - Detection test for							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87804	Influenza Virus	No	\$	37.58	\$ 19.82	\$ 70.50	\$41.38	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87880	Strep Test (Streptococcus, group A)	No	\$	101.56	\$ 19.87	\$ 143.48	\$41.33	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	88185	Flowcytometry/tc add-on	No	\$	68.81	\$ -	\$ 120.30	\$18.06	Per Unit
				Immunization Administration First							
Vaccinations	Physician Office	CPT	90460	Component	No	\$	40.10	\$ 11.68	\$ 75.93	\$21.50	Per Unit
				Immunization Administration Each							
Vaccinations	Physician Office	CPT	90461	Additional Component	No	\$	25.13	\$ 10.49	\$ 38.51	\$19.31	Per Unit
Vaccinations	Hospital Outpatient	CPT	90471	Immunization Administration	No	\$	44.49	\$ 7.02	\$ 81.80	\$70.58	Per Unit
				Immunization Administration Each							
Vaccinations	Hospital Outpatient	CPT	90472	Additional Component	No	\$	12.56	\$ -	\$ 38.51	\$30.17	Per Unit
Vaccinations	Hospital Outpatient	CPT	90651	9V HPV Vaccine 2/3 Dose	No	\$	142.32	\$ 9.56	\$ 227.93	\$0.00	Per Unit

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				Vaccine - Pneumococcal Conjugate		4 205 50	A 0.50		600T 40	
Vaccination	Hospital Outpatient	CPT	90670	for Injection into Muscle Vaccine - Tetanus, Diptheria	No	\$ 285.59	\$ 9.56	\$ 345.21	\$207.13	Per Unit
				Toxoids, and Acellular Pertussis						
				(Whooping Cough) for Injection						
Vaccination	Hospital Outpatient	СРТ	90715	into Muscle	No	\$ 57.74	\$ -	\$ 77.73	\$30.85	Per Unit
Evaluation & Management Services	Drofossional Comises	СРТ	00701	Psychiatric Diagnostic Evaluation	No	\$ 308.81	\$ 118.93	\$ 198.74	\$198.74	Per Unit
Evaluation & Management Services	Professional Services	CPI	90791	Psychiatric Diagnostic Evaluation	NO	3 300.01	\$ 110.55	3 196.74	\$156.74	Per Onit
Evaluation & Management Services	Professional Services	CPT	90832	Psychotherapy - 30 Minutes	Yes	\$ 88.03	\$ 57.92	\$ 99.25	\$99.25	Per Unit
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Evaluation & Management Services	Professional Services	CPT	90834	Psychotherapy - 45 Minutes	Yes	\$ 116.77	\$ 77.37	\$ 132.34	\$132.34	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90837	Psychotherapy - 60 Minutes	Yes	\$ 174.90	\$ 116.00	\$ 198.22	\$198.22	Per Unit
						N/A No		N/A No	N/A No	
				_ , , , ,		Service		Service	Service	
Evaluation & Management Services	Professional Services	CPT	90846	Family psytx w/o pt 50 min	Yes	Volume	\$ -	Volume	Volume	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90847	Psychotherapy - Family Session	Yes	\$ 146.15	\$ 97.13	\$ 166.18	\$166.18	Per Unit
						N/A No		N/A No	N/A No	
						Service		Service	Service	
Evaluation & Management Services	Protessional Services	CPT	90853	Psychotherapy - Group Session	Yes	Volume	\$ -	Volume	Volume	Per Unit
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$ 52.00	\$ 17.40	\$ 251.43	\$69.27	Per Unit
				Electrocardiogram, routine, with						
Medicine Cardiovascular	Professional Services	CPT	93000	interpretation and report	Yes	\$ 36.27	\$ 28.12	\$ 95.52	\$25.42	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	\$ 142.29	\$ -	\$ 295.26	\$56.86	Per Unit
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Medicine Cardiac Stress Test	Hospital Outpatient	CPT	93017	CARDIOVASCULAR STRESS TEST	No	\$	471.40	\$	61.00	\$	634.57	\$205.42	Per Unit
Medicine Other	Hospital Outpatient	CPT	93306	Tte w/doppler complete	No	\$	1,404.83	\$	322.26	\$	1,593.05	\$506.40	Per Unit
				Insertion of catheter into left heart									
Hospital Outpatient Procedure	Hospital Outpatient	CPT	93452	for diagnosis	Yes	\$	8,847.45	\$	579.93	\$	12,920.92	\$2,676.94	Case Rate
Medicine Other	Hospital Outpatient	CPT	93971	Extremity study	No	\$	240.64	\$	92.64	\$	400.67	\$125.61	Per Unit
Medicine Other	Hospital Outpatient	CPT	95044	Allergy patch tests	No	\$	189.82	\$	-	\$	1,229.53	\$737.72	Per Unit
							N/A No		N/A No		N/A No	N/A No	
Medicine Neurology and							Service	9	Service		Service	Service	
Neuromuscular	Hospital Outpatient	CPT	95810	Sleep study	Yes	,	Volume	١	/olume		Volume	Volume	Per Unit
Injections	Hospital Outpatient	CPT	96402	Chemo hormon antineopl sq/im	No	\$	110.26	\$	66.86	\$	196.20	\$95.86	Case Rate
				Physical Therapy - Manual									
Medicine Physical Medicine and				Electrical Stimulation Therapy, 15									
Rehabilitation	Hospital Outpatient	CPT	97032	minutes	No	\$	31.26	\$	12.56	\$	59.90	\$12.95	Per Unit
Medicine Physical Medicine and				Physical Therapy - Ultrasound									
Rehabilitation	Hospital Outpatient	CPT	97035	Therapy	No	\$	26.92	\$	11.95	\$	40.29	\$12.52	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic									
Rehabilitation	Hospital Outpatient	CPT	97110	Exercises	Yes	\$	88.74	\$	17.40	\$	119.46	\$26.60	Per Unit
Medicine Physical Medicine and				Physical Therapy - Neuromuscular									
Rehabilitation	Hospital Outpatient	CPT	97112	Reeducation	No	\$	69.93	\$	26.14	\$	104.78	\$30.56	Per Unit
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	CPT	97116	GAIT TRAINING THERAPY	No	\$	77.61	\$	22.90	\$	104.48	\$26.31	Per Unit

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Medicine Physical Medicine and								_				4	
Rehabilitation	Hospital Outpatient	CPT	97140	Physical Therapy - Manual Therapy	No	\$	56.20	Ş	23.73	Ş	93.92	\$24.50	Per Unit
Medicine Physical Medicine and				Physical Therapy - Low Complexity				_				4	
Rehabilitation	Hospital Outpatient	CPT	97161	Evaluation	No	\$	168.06	Ş	71.97	\$	252.78	\$74.19	Per Unit
				DI 1 171 A. I									
Medicine Physical Medicine and				Physical Therapy - Moderate				_	74.07		252.50	474.40	
Rehabilitation	Hospital Outpatient	СРТ	97162	Complexity Evaluation	No	\$	62.40	\$	71.97	\$	252.78	\$74.19	Per Unit
				DI 1 171 UNI 0 I 1									
Medicine Physical Medicine and				Physical Therapy - High Complexity				_				4	
Rehabilitation	Hospital Outpatient	CPT	97163	Evaluation	No	\$	168.06	\$	71.97	\$	252.78	\$74.19	Per Unit
Medicine Physical Medicine and			07464	D			440.04	_	40.67		470.07	450.50	
Rehabilitation	Hospital Outpatient	СРТ	9/164	Physical Therapy - Re-Evaluation	No	\$	113.34	\$	48.67	\$	170.97	\$50.79	Per Unit
Madisias Commenting of Theorem			07465	OT EVAL LOW CONTRIES 20 MIN		_	400.00	_	77.05		245.22	670 FF	Day Helt
Medicine Occupational Therapy	Hospital Outpatient	CPT	9/165	OT EVAL LOW COMPLEX 30 MIN	No	\$	180.88	>	77.05	\$	245.32	\$78.55	Per Unit
Mandinian Comment and Thomas			07466	OT EVALAGE COMPLEY AS MAIN		_	62.40	_	72.00		245.22	670.20	Day Help
Medicine Occupational Therapy	Hospital Outpatient	CPT	9/166	OT EVAL MOD COMPLEX 45 MIN	No	\$	62.40	\$	72.00	\$	245.32	\$78.26	Per Unit
Modicine Physical Medicine and				Dhysical Thorony Thoronoutic									
Medicine Physical Medicine and	Hospital Outpations	CDT	07530	Physical Therapy - Therapeutic	N-	خ	03.45	ė	17.40	ė	124 45	¢22 OF	Dor Unit
Rehabilitation	Hospital Outpatient	CPT	3/530	Activities	No	\$	92.45	\$	17.40	\$	124.45	\$33.85	Per Unit
Medicine Physical Medicine and				Physical Therapy - Self-care or									
Rehabilitation	Hospital Outpatient	СРТ	07525	Home Management Training	No	\$	68.89	Ś	_	Ś	109.03	\$29.51	Per Unit
nenabilitation	nospital Outpatient	CPT	2/335	Tiome Wanagement Training	INU	Ą	00.03	Ą	-	Ÿ	105.03	323.31	rei Ollit
Evaluation & Management Services	Professional Services	СРТ	99024	Postop follow-up visit	No	\$	_	Ś	_	\$	14.27	\$0.00	Per Unit
Evaluation & ivialiagement services	FIGURESSIONAL SELVICES	CFI	33024	r ostop ionow-up visit	140	٦	-	Ģ	-	Ą	14.2/	30.00	rei Uiiit
Evaluation & Management Services	Professional Services	СРТ	99202	Office Visit - New Patient, Minor	No	Ś	167.93	ė	90.34	\$	200.08	\$77.58	Per Unit
Evaluation & Management Services	r i oressionar services	CFI	33202	OTTICE VISIL - INEW PALIETIL, WIIITOF	140	P	107.33	ş	30.34	ş	200.08	711،30	rei Oilit

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Service Category	Service Setting	туре	coue	Description	<u>Jervice:</u>	Casii Fiice	Charge	Charge	Charge	Estillate Type
				Office Visit - New Patient, Low						
Evaluation & Management Services	Professional Services	CPT	99203	Complexity	Yes	\$ 182.06	\$ 132.54	\$ 273.99	\$116.37	Per Unit
				Office Visit - New Patient,						
Evaluation & Management Services	Professional Services	CPT	99204	Moderate Complexity	Yes	\$ 250.69	\$ 177.01	\$ 432.49	\$199.10	Per Unit
				New patient office of other						
Evaluation & Management Services	Professional Services	СРТ	99205	outpatient visit, typically 60 min	Yes	\$ 448.04	\$ 156.38	\$ 553.76	\$260.16	Per Unit
			33200			7	7	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7200120	
Fundament Commission	Duefessional Comises	CDT	00343	Office Visit Bosis		\$ 58.74	ć 4C 41	\$ 133.24	¢20.55	Day Unit
Evaluation & Management Services	Professional Services	CPT	99212	Office Visit - Basic	No	\$ 58.74	\$ 46.41	\$ 133.24	\$39.55	Per Unit
				Office Visit - Established Patient,						
Evaluation & Management Services	Professional Services	CPT	99213	Low Complexity	No	\$ 99.67	\$ 81.71	\$ 201.59	\$79.09	Per Unit
				Office Visit - Established Patient,						
Evaluation & Management Services	Professional Services	CPT	99214	Moderate Complexity	No	\$ 151.19	\$ 140.90	\$ 279.47	\$121.97	Per Unit
				Office Visit - Established Patient,						
Evaluation & Management Services	Professional Services	СРТ	99215	High Complexity	No	\$ 315.87	\$ 192.33	\$ 385.34	\$172.35	Per Unit
- Valuation & Management Services	Trotessional services	CIT	33213	Ingli complexity	110	ŷ 313i07	ÿ 132.33	ÿ 303.34	V172.00	T CT OTHE
Professional Services Associated										
	Buefassianal Camilana	CDT	00222	Subsequent beginted and	No	ć 150.00	¢ 50.00	6 111 03	¢111 03	Don Huit
with Inpatient Stay	Professional Services	CPT	99232	Subsequent hospital care	No	\$ 159.88	\$ 50.60	\$ 111.92	\$111.92	Per Unit
L				Patient office consultation,						
Evaluation & Management Services	Protessional Services	CPT	99243	typically 40 min	Yes	\$ 212.43	\$-	\$ 142.18	\$0.00	Per Unit
				Patient office consultation,						
Evaluation & Management Services	Professional Services	CPT	99244	typically 60 min	Yes	\$ 338.80	\$-	\$ 226.38	\$0.00	Per Unit
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Minor (outpatient)	No	\$ 230.81	\$ 74.98	\$ 689.88	\$92.27	Case Rate
		1	55201	(waspanent)		, <u>250.51</u>	7-1.50	÷ 000.00	702127	
				Emergency Department Visit - Low						
Empress De em Minit	Hoositel Outputions	CDT	00303		N/ -	ć 430.00	6 03.53	6 1 444 22	¢240.44	Cose Det-
Emergency Room Visit	Hospital Outpatient	CPT	99282	Complexity (outpatient)	No	\$ 430.38	\$ 93.52	\$ 1,114.22	\$210.44	Case Rate

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				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	СРТ	00283	Moderate Complexity (outpatient)	No	\$	932.99	Ś	182.62	\$	2,714.83	\$304.15	Case Rate
Emergency Room visit	nospital outputient	CFT	33203	Wioderate complexity (outputient)	140	7	332.33	Y	102.02	7	2,714.03	7304.13	case nate
				Emergency Department Visit -									
			00004				2 400 50		270 40		4 475 40	4470.00	
Emergency Room Visit	Hospital Outpatient	CPT	99284	Higher Complexity (outpatient)	No	\$	2,400.69	>	270.43	\$	4,475.48	\$470.00	Case Rate
				Emergency Department Visit - High									
Emergency Room Visit	Hospital Outpatient	CPT	99285	Complexity (outpatient)	No	\$	3,149.91	\$	458.20	\$	5,806.95	\$1,268.37	Case Rate
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	CPT	99291	Critical Care (outpatient)	No	\$	17,860.61	\$	425.50	\$	6,308.07	\$1,700.84	Case Rate
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient,									
Evaluation & Management Services	Professional Services	СРТ	99381	Younger than 1 Year Old	No	Ś	156.75	Ś	_	Ś	225.38	\$0.00	Per Unit
			33332	Office Visit - Comprehensive		_	200170	Ť		_		V 0.00	
				Preventive Medicine Evaluation									
Fredrick Control	Professional Compless		00000	and Management, New Patient, 1-		,	462.02	,			226.04	ć0.00	Des Hets
Evaluation & Management Services	Professional Services	CPT	99382	4 Years Old	No	\$	163.82	\$	-	\$	236.91	\$0.00	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 5-									
Evaluation & Management Services	Professional Services	CPT	99383	11 Years Old	No	\$	170.96	\$	-	\$	413.46	\$0.00	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 12-									
Evaluation & Management Services	Professional Services	СРТ	99384	17 Years Old	No	\$	193.58	\$	-	\$	280.75	\$0.00	Per Unit
_				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 18-									
Evaluation & Management Services	Professional Services	СРТ	99385	39 Years Old	Yes	Ś	187.80	Ś	59.23	\$	347.60	\$109.84	Per Unit
Evaluation & Management Services	i i o i c s si o i a i s i o i c i o i c i o i c i o i c i o i c i o i c i o i c i o i c i o i c i o i c i o i c i o i o	CFI	33303	Office Visit - Comprehensive	163	٦	107.00	7	33.23	Y	347.00	9103.0 4	i ci onic
				Preventive Medicine Evaluation									
L				and Management, New Patient, 40-		_						444	
Evaluation & Management Services	Professional Services	CPT	99386	64 Years Old	Yes	\$	217.32	\$	91.72	Ş	1,293.56	\$146.75	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	Charge	Estimate Type
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
				and Management, Younger than 1						
Evaluation & Management Services	Professional Services	CPT	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	Ś -	\$ 305.91	\$0.00	Per Unit
		C	33332			Ţ	¥	+	ψο.οο	
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Fuel vetice & Management Comisse	Duefoccional Compiese	CDT	00202		B1-	\$ 150.44	s -	\$ 305.91	\$0.00	Per Unit
Evaluation & Management Services	Professional Services	CPT	99393	and Management, 5-11 Years Old	No	\$ 150.44	3 -	\$ 505.51	\$0.00	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	CPT	99394	and Management, 12-17 Years Old	No	\$ 165.14	\$ -	\$ 398.57	\$0.00	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	CPT	99395	and Management, 18-39 Years Old	No	\$ 168.81	\$ 37.07	\$ 304.60	\$59.31	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	CPT	99396	and Management, 40-64 Years Old	No	\$ 180.12	\$ 64.57	\$ 429.79	\$103.32	Per Unit
Exablate	Hospital Outpatient	СРТ	USOST	Focused Ultrasound	No	\$ 22 120 EG	\$ 11 272 90	\$ 11,272.90	\$0.00	Case Rate
LAUNIGIC	nospital Outpatient	GF I	03301	i ocasea oiti asoulla	140	7 32,133.30	y 11,272.30	7 11,272.30	50.00	case nate
Manatanatana	Harrisal Outrations	CDT	60000	a desire in flacture actions and	NI -	. 70.1-		ć 426.0E	Ć40.05	Day Heli
Vaccinations	Hospital Outpatient	CPT	G0008	Admin influenza virus vaccine	No	\$ 70.15	> -	\$ 126.95	\$49.95	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Vaccinations	Hospital Outpatient	СРТ	G0009	Admin pneumococcal vaccine	No	\$ 27.43	\$ -	\$ -	\$54.88	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	No	\$ 773.99	\$ 46.24	\$ 1,424.46	\$309.28	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	\$ 15,685.71	\$ 605.00	\$ 24,131.86	\$1,950.53	Per Unit
Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$ 130.00	\$ 74.02	\$ 200.00	\$94.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$ 476.03	\$ \$ -	\$ 732.35	\$102.99	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	\$0.78	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$ 26.95	\$ -	\$ 89.11	\$9.20	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$ 2,818.54	\$ -	\$ 4,336.21	\$202.01	Per Unit