Cigna HealthSpring Medicare										
Advantage	Last Updated: 12/7/2020									
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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
										Case Rate-
										Excluding
				Cardiac valve and other major						Professional
				cardiothoracic procedures with		N/A No	N/A No Service	N/A No	N/A No Service	Charges which
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	cardiac catheterization with major complications or comorbidities	Yes	Service Volume	Volume	Service Volume	Volume	are paid by CPT/HCPCS
nospital inpatient stay		DING	210	complications of comorbidities	165	Volume	volume	volume	volume	cr i/iicr c5
										Case Rate-
										Excluding
										Professional
										Charges which
Linewited Impetient Story	Lie switch in a stigast	DBC	291		No	¢ 33,180,00	Ć E E 17 70	¢ 31.074.55	¢21 420 72	are paid by
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	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				Spinal fusion except cervical						Charges which
Usersited for stient Chara				without major comorbid conditions		¢ 00 544 00	¢ 46 227 64	¢ 50,000,00	¢40.000.74	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	460	or complications (MCC)	Yes	\$ 89,541.22	\$ 16,237.64	\$ 58,989.92	\$40,682.71	CPT/HCPCS
										Case Rate-
										Excluding
				Major joint replacement or						Professional
				reattachment of lower extremity						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	\$26,015.09	CPT/HCPCS
										Case Rate-
										Excluding
				Cervical spinal fusion without						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	\$30,020.70	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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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	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
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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Comitor Colomba	Consider Cotting	Code	Conto	Description	Shoppable	Discounted	Negotiated	Negotiated	Negotiated	Telling to Truck
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge_	<u>Charge</u>	<u>Charge</u>	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG		STERILIZATION/D&C W CC	No	\$ 8,616.42	\$ 2,464.00	\$ 24,277.74	\$16,743.27	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	\$16,136.54	CPT/HCPCS
										Corres Data
										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
-		_								
										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			90%	Per Diem Per
Stay	Inpatient Rehabilitation Hospital	UB	118	Room & Board	No	52,541.50 Per			Medicare	Day
July	inputient Kenabintation (105pital	00	110	Noom & Doard	NU	Diem			wicultare	Duy

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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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					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
						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			\$275 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	Diem	\$ 227.70	\$ 850.00	Diem	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 2-		\$1,109.30 Per			\$375 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB		Comprehensive Care	No	Diem	\$ 299.70	\$ 850.00	Diem	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 3- Complex		\$1,109.30 Per			\$450 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB		Care	No	Diem	\$ 370.00	\$ 850.00	Diem	Day
board	inpatient skilled Nursing	00	155		NU	Dielii	÷ 570.00	÷ 850.00	Diem	Day
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11103	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	\$195.16	Case Rate
		CFI	11102	Biopsy - rangential biopsy of Skill	140	÷ 550.90	÷ 101.30	÷ 1,003.41	\$155.10	case nate
Hospital Outpatient Presedure	Hospital Outpatient	CDT	11104	Rightsy Runch Rightsy of Skin	No	\$ 584.92	\$ 167.15	¢ 1 930 37	\$204 72	Caso Pata
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$204.72	Case Rate
			47005				A 455 55		4200 55	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	1/000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$208.53	Case Rate
									** • • • • •	
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

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					Required		Minimum	Maximum	Specific	
		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						
Hospital Outpatient Procedure	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>	Y	<i>v</i> 1,075120	<i></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	58301	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	•	_,	*		•		+++++++	
				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	Y	330.40	Ŷ	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	\$ 143.02	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	Y	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	400.01	
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>Q</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
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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
		••••				•	_,	•		+ -/-			
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		9101101	
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	?	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
Particlam: Comission				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
						•		*		,	,	
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	,	1,020.30	9270. 4 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	,	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	,	1,440.33	\$155.50	reronit
							1 00 1 10	<u>,</u>	207.00			<u> </u>	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	\$ 100.25	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
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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	\$ 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>	Q10.00	
				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 4 .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	020/0	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	7 \$	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	y 727.23		
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	51.73	\$ 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	, .	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							
Laboratory & 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	ə (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 4.07	\$ 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 4.07	\$ 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	3 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	Ś	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		110	~	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	9 3.04	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			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 4	
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	CF I	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	, ,	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. 32	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		0 330.12	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	86902	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		,	- T		,	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87110	Chlamydia culture	No	\$	130.74	\$ 17.64	Ś 1	75.99	\$19.60	Per Unit
Laboratory & Fathology Scruces	nospital outpatient		07110		NO	Ŷ	130.74	ý 17.04	Ý 1	73.55	J 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	?	05.10	\$ 1.15	Ş	55.10	30.05	Per Unit
		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	>	07.21	34.2 /	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	V	<i></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	, -	\$ 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							
Magningtions	Dhusisian Office	CDT	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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				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	
Fuchation 8 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	413.03	
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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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	>	//.01	?	22.90	>	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	?	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	100100	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 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
				and the second sec		- -		T		-	,		
Evaluation & Management Services	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 I	Price	Charge_	Charge	Charge	Estimate Type
				Office Visit - New Patient, Low							
Evaluation & Management Services	Professional Services	СРТ	99203	Complexity	Yes	\$ 1	182.06	\$ 132.54	\$ 273.99	\$72.73	Per Unit
				Office Visit - New Patient,							
Evaluation & Management Services	Professional Services	СРТ	99204	Moderate Complexity	Yes	\$ 2	250.69	\$ 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	\$ 4	148.04	\$ 156.38	\$ 553.76	\$162.60	Per Unit
Evaluation & management services		Cri	55205	outputient visit, typicany oo min	163	Ý -	140.04	y 130.30	÷ 555.70	\$102.00	T CF Offic
Further 0 Management Construct	Professional Constant					~	50.74	¢ 46.44	ć 100.04	624 72	Devi Hush
Evaluation & Management Services	Professional Services	СРТ	99212	Office Visit - Basic	No	\$	58.74	\$ 46.41	\$ 133.24	\$24.72	Per Unit
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	СРТ	99213	Low Complexity	No	\$	99.67	\$ 81.71	\$ 201.59	\$49.43	Per Unit
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	СРТ	99214	Moderate Complexity	No	\$ 1	151.19	\$ 140.90	\$ 279.47	\$76.23	Per Unit
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	СРТ	99215	High Complexity	No	\$ 3	315.87	\$ 192.33	\$ 385.34	\$107.72	Per Unit
Professional Services Associated											
with Inpatient Stay	Professional Services	СРТ	99232	Subsequent hospital care	No	\$ 1	159.88	\$ 50.60	\$ 111.92	\$69.95	Per Unit
				-							
				Patient office consultation,							
Evaluation & Management Services	Professional Services	СРТ	99243	typically 40 min	Yes	\$ 2	212.43	\$-	\$ 142.18	\$-	Per Unit
							-				-
				Patient office consultation,							
Evaluation & Management Services	Professional Services	СРТ	99244	typically 60 min	Yes	\$ 3	338.80	\$-	\$ 226.38	\$-	Per Unit
			33244	cypically of him	103	Ý .		Ŧ	- 220.30	Y -	. cr onit
				Emergency Department Visit							
Emorgonou Boom Misit	Hernitel Outpatient	CDT	00394	Emergency Department Visit -	Ne	Ś 2	220 04	6 74.00	Ś 689.88	\$85.57	Casa Pata
Emergency Room Visit	Hospital Outpatient	СРТ	39291	Minor (outpatient)	No	> 4	230.81	\$ 74.98	\$ 689.88	\$65.57	Case Rate
				Emergency Department Visit - Low							
Emergency Room Visit	Hospital Outpatient	CPT	99282	Complexity (outpatient)	No	\$ 4	430.38	ş 93.52	\$ 1,114.22	\$201.14	Case Rate

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Service Category	Service Setting	Туре	Code	Description	Service?	_	ash Price		Charge		Charge	Charge	Estimate Type
	_							-					
				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
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				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						
Evaluation & Management Services	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 Misit 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 -	\$ 530.57	30.00	Per Onit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	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						
Evaluation & Management Services	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