<u>Humana Military</u>	Last Updated: 12/7/2020									
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					CMS Required		De-Identified Minimum	De-Identified Maximum	Payer- Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	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	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
										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
				without major comorbid conditions						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
Hospital Inpatient Stay	Hospital Inpatient	DRG	470	without major comorbid conditions or complications (MCC).	Yes	\$ 26,747.32	\$ 8,070.44	\$ 37,721.88	\$26,015.09	are paid by CPT/HCPCS
nospital inputiont stay	mospitui inputiciit	טווט	7/0	or complications (wice).	163	7 20,747.32	Ç 0,070.44	7 31,121.00	720,013.03	C. I/HCFC3
										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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					CMS		De-Identified		Payer-	
					Required		<u>Minimum</u>	<u>Maximum</u>	<u>Specific</u>	
		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
										Professional
				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	\$33,747.25	CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DNG	480	WAJOR JOHN W WICE	INO	\$ 09,180.99	3 12,373.83	3 46,933.31	333,747.23	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	\$26,894.26	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	\$23,636.02	CPT/HCPCS
										Corre Dotte
										Case Rate-
										Excluding
										Professional Charges which
				LOWER EXTREM HUMER PROC						Charges which
Hespital Innations Start	Hasnital Innations	DBC	403	LOWER EXTREM HUMER PROC	N-	¢ 45 467 34	¢ 0.430.30	ć 41 303 C4	¢20 474 47	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	493	EXCEPT HIP, FOOT, FEMUR W CC	No	\$ 45,467.21	<b>&gt; 9,438.20</b>	\$ 41,283.64	\$28,4/1.4/	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	<b>Estimate Type</b>
										Case Rate-
										Excluding
										Professional
				LOWER EXTREM HUMER PROC						Charges which
				EXCEPT HIP, FOOT, FEMUR W/O						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	494	CC/MCC	No	\$ 34,101.03	\$ 7,426.74	\$ 43,066.25	\$24,859.06	CPT/HCPCS
nospital inpatient stay	nospital inpatient	DKG	494	CC/MCC	NO	\$ 54,101.05	\$ 7,420.74	3 43,000.23	\$24,859.00	CP1/HCPC3
										Case Rate-
										Excluding
				Uterine and adnexa procedures for						Professional
				non-malignancy without comorbid						<b>Charges which</b>
				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
Hospital Inpatient Stay	nospital inpatient	DING	743	conditions of complications (wice)	163	ÿ 18,033.90	7 3,020.23	\$ 28,308.03	\$15,577.55	CF1/HCFC3
										Case Rate-
										Excluding
										Professional
										<b>Charges which</b>
				RED BLOOD CELL DISORDERS W						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	MCC	No	\$ 16 643 21	\$ 4255.93	\$ 31,015.82	\$21,390.22	CPT/HCPCS
- Toop tal inpatient oray			011			7 10,043,21	+ 4,200.00	÷ 51,015.02	Ţ <b>Z</b> I,030.ZZ	5. 1/1101 05
										Cose Dete
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W/O						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	812	мсс	No	\$ 12,941.86	\$ 2.955.18	\$ 26,002.03	\$17.932.44	CPT/HCPCS
parion out	brear mileanants	2.13	512		140	,5-1.50	,555.10	5,002.03	7-7,5521-74	J. 171101 00

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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	\$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	No	\$ 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	No	\$ 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 Setting	Code Type	<u>Code</u>	<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	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	DRG	958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	No	\$ 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	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
Hospital Innatient	DRG	762	VAGINAL DELIVERY W O.R. PROC	No	\$ 10.335.01	\$ 2,464.00	\$ 27,462.61	\$18,939 72	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
	Hospital Inpatient Hospital Inpatient	Hospital Inpatient DRG  Hospital Inpatient DRG  Hospital Inpatient DRG	Hospital Inpatient DRG 957  Hospital Inpatient DRG 958  Hospital Inpatient DRG 964	Service Setting  Type Code  Description  OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC  OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC  OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC  Hospital Inpatient  DRG 958  OTHER MULTIPLE SIGNIFICANT TRAUMA W CC  VAGINAL DELIVERY W O.R. PROC	Service Setting  Code Type Code Description  OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA No  OTHER MULTIPLE SIGNIFICANT No  Hospital Inpatient  DRG 964 TRAUMA W CC  VAGINAL DELIVERY W O.R. PROC	Service Setting  Code Description  OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA No \$ 139,128.72  OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA No \$ 139,128.72  OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA No \$ 139,128.72  OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA No \$ 73,933.71  Hospital Inpatient  DRG 958 OTHER MULTIPLE SIGNIFICANT TRAUMA NO \$ 73,933.71  Hospital Inpatient  DRG 964 OTHER MULTIPLE SIGNIFICANT No \$ 34,761.85	Service Setting  Code Type Code Description  OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA No \$ 139,128.72 \$ 30,888.17  OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA No \$ 139,128.72 \$ 30,888.17  OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA No \$ 139,128.72 \$ 30,888.17  OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA No \$ 73,933.71 \$ 17,182.69  Hospital Inpatient  DRG 958 OTHER MULTIPLE SIGNIFICANT No \$ 34,761.85 \$ 6,123.35	Service Setting  Code Type Code Description  OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA Hospital Inpatient  DRG 958 WCC  OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA No \$ 139,128.72 \$ 30,888.17 \$ 200,000.00  **Table 1.00 **Table 1.0	Code   Code

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		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	\$27,313.97	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	\$19,217.33	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				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	\$17,841.87	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CECADEAN SECTION W/O						
				CESAREAN SECTION W/O					****	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	786	STERILIZATION W MCC	No	\$ 12,696.27	\$ 3,570.00	\$ 35,011.06	\$24,145.56	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESADEAN SECTION W/O						
24 1 12 12		220		CESAREAN SECTION W/O		44 000	A 0.00F 00	4 27 252 55	440.040.55	are paid by
Maternity/Delivery	Hospital Inpatient	DRG	787	STERILIZATION W CC	No	\$ 11,322.59	<b>&gt; 2,835.00</b>	\$ 27,868.32	\$19,219.53	CPT/HCPCS

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					Required		<b>Minimum</b>	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u>service eurogery</u>	<u></u>	-770	-	<u> </u>	<u> </u>	<u> </u>	<u></u>	<u>Girange</u>	<u></u>	200000000000000000000000000000000000000
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										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	788	STERILIZATION W/O CC/MCC	No	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	\$18,193.83	CPT/HCPCS
indeniney, belivery	Troopital Inpution	Ditto	700	STERRED TO THE CONTROL	110	ÿ 3,020.23	ψ 3)E-1E-1-1-1	Ç 20,501.00	<b>\$10,133.03</b>	Ci 1/11Ci Co
										Cose Dote
										Case Rate-
										Excluding
										Professional
										Charges which
										are paid by
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	No	\$ 1,400.10	\$ 626.89	\$ 18,705.56	\$12,900.38	CPT/HCPCS
indentity, benvery	Troopital Inpution	DIG	755	TOTAL NEW BOTH	140	7 1,400.10	ψ 020.03	7 10,703.30	<b>\$12,500.50</b>	Ci 1/11Ci Co
										Corre Doto
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	797	STERILIZATION/D&C W CC	No	\$ 12,785.73	\$ 2,464.00	\$ 25,917.69	\$17,874.27	CPT/HCPCS
indeniney, belivery	Troopital Inpution	DIG	737	STERREDATION, Due to de	140	Ç 12,703.70	Ç 2,104.00	Ç 23,517.03	\$17,0741E7	Ci 1/11Ci Co
										Corre Dotte
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	798	STERILIZATION/D&C W/O CC/MCC	No	\$ 10,897.11	\$ 2,464.00	\$ 25,917.69	\$17,874.27	CPT/HCPCS
		55	. 50	2.2	.40	,007/121	, 70-1100	+ 10,517.05	7-1,07-11-1	,
										Casa Bata
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	805	STERILIZATION/D&C W MCC	No	\$ 10 518 03	\$ 2,464,00	\$ 27,817.08	\$19,184.19	CPT/HCPCS
materinty/ benvery	nospital inpatient	2110	000	STEMBLEATION DOC W WICC	140	A 10,010.03	φ 2,707.00	A 51,011.00	717,107.13	C. 1/11C/C3

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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	<b>Estimate Type</b>
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Matamitu / Dalivan	Heavitel Inveticet	DRG	806		Ne	\$ 8,616.42	ć 2.464.00	¢ 24 277 74	¢16.742.27	CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DKG	806	STERILIZATION/D&C W CC	No	\$ 8,010.42	\$ 2,464.00	\$ 24,277.74	\$16,743.27	CP1/HCPC3
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	807	STERILIZATION/D&C W/O CC/MCC	No	\$ 7,318.91	\$ 2,464.00	\$ 23,397.98	\$16,136.54	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital										are paid by
Stay	Inpatient Rehabilitation Hospital	DPG	945	REHABILITATION W CC/MCC	No	N/A	\$ 14 553 00	\$ 14,553.00	N/A	CPT/HCPCS
stay	inputient iterasintation riospital	DING	343	REHABILITATION W CC/WCC	NO	N/A	7 14,555.00	7 14,555.00	14/7	Ci 1/Hei es
										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			100%	Per Diem Per
	Innationt Pohobilitation Massite!	LIB	118	Room & Board	No	52,541.96 Per Diem			Medicare	Day
Stay	Inpatient Rehabilitation Hospital	UB	119	MUUIII & BUATU	NO	Diem			iviedicare	Day

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					Required		Minimum	Maximum	Specific	
		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						<b>Charges which</b>
				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 skined realising	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 Taura Assata Casa Israeli'	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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					CMS		De-Identified	De-Identified	Payer-	
					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
Service Category	<u>Jervice Jetting</u>	туре	code	Description	<u>Jervice:</u>	Casii Fiice	Charge	charge	Charge	Littillate Type
						700/ Ch				
						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
						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
board	inpution skined reasing	OB	131	Subdeute care Level 1- Skinea care	140	Dicili	3 227.70	3 030.00	Non-1 al	Day
						E20/ Ch				
						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
						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
Board	mpatient skines realising	00	133	Cure	110	Dicin	7 370.00	<del>\$</del> 550.00	Non rui	Day
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	\$195.16	Case Rate
Tiospital Outputient Frocedure	1.03pital Outputient	CF I	11102	Siopsy - rangeman biopsy or skill	140	y 330.30	Ç 101.38	7 1,003.41	Ģ133.10	case nate
Hospital Outpatient Presedur-	Hasnital Outpations	CDT	11100	Pioney Dunch Dioney of Chin	NI -	\$ 584.92	6 167.15	ć 1.030.37	6204.72	Casa Bota
Hospital Outpatient Procedure	Hospital Outpatient	CPT	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$204.72	Case Rate
l									4	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$208.53	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	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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Service Category	Service Setting	туре	coue	Description	<u>Service:</u>		Charge	Charge		Estimate Type
						N/A No			N/A No	
				Removal of 1 or more breast		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19120	growth, open procedure	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Injections	Hospital Outpatient	CPT	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
	поорна сагранен	C	27020		110	N/A No	<del>+</del>	<del>+ -,</del>	N/A No	
						Service			Service	
Harrital Costantiant Burns done			20026	Authoracoula Chardala Comen			•			C D-t-
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	CPT	29881	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Hospital Outpatient Procedure	<b>Hospital Outpatient</b>	CPT	31575	Laryngoscopy - Diagnostic	No	\$ 449.87	\$ 135.86	\$ 1,978.02	\$204.50	Case Rate
Hospital Outpatient Procedure	<b>Hospital Outpatient</b>	СРТ	32555	Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$678.61	Case Rate
		- · ·			.40	N/A No	÷ 100.54	,002.00	N/A No	
				Tonsillostomy with Adonaldastance		Service			Service	
Harrital Cotastiant Burns done		CDT	42020	Tonsillectomy with Adenoidectomy	W		•			C D-4-
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	42820	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
				Upper Gastrointestinal Endoscopy -		l				
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43235	Diagnostic	Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$827.47	Case Rate
				<b>Upper Gastrointestinal Endoscopy -</b>						
<b>Hospital Outpatient Procedure</b>	<b>Hospital Outpatient</b>	CPT	43239	With Biopsy	Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$842.87	Case Rate
				Colonoscopy - Diagnostic						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45379	(outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$868.43	Case Rate
		- · ·	45576	(Superiority)		y 2,117.30	÷ 333.73	- 2,220.00	Ç000.43	- Case Hate
				Colonoscony With Bioney						
Hamital Outration 12	Hamital Outrati	CD-	45000	Colonoscopy - With Biopsy	v	6 2000 55	A 242.65	A 440.5	64 460 50	Cara Dat
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45380	(outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$1,100.53	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	\$1,153.24	Case Rate
						N/A No			N/A No	
				Ultrasound examination of lower		Service			Service	
<b>Hospital Outpatient Procedure</b>	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	\$4,984.16	Case Rate
	- Carpanens	C	47302	Can Diadaci Gaigery (Caspanency	1.03	<del>+,</del>	<del>+</del>	<del>+ 10,0700</del>	Ţ 1,50 1120	000011010
			40440			A 2444.60		A 0.455.54	44 505 05	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	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	CPT	49505	years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$3,298.20	Case Rate
Hospital Outpatient Procedure	<b>Hospital Outpatient</b>	CPT	51798	Urine Capacity Measurement	No	\$ 97.04	\$ -	\$ 1,579.20	\$58.86	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$580.47	Case Rate
nospital Gatpatient Focedare	nospital outputient	Ci i	32000	Сузгозгору	140	Ų 1,175.22	Ç 202.70	ÿ 1,550.52	<b>4300147</b>	case nate
Hasnital Outputiont Press der-	Heavital Outrations	CDT	FF700	Bioney of prostate aloud	Vaa	ć 11CE 04	ć 204.7C	ć 2.621.04	¢1 725 00	Cose Deta
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55/00	Biopsy of prostate gland	Yes	\$ 1,165.04			\$1,725.00	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
<b>Hospital Outpatient Procedure</b>	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
Tiospital Outputient Flocedure	Trospital Outputient		30300	moere included line device	110	y 032.24	7 -0.55	y 1,745.37	70.75	case nate
Hamital Outration 18	Hamital Outrati	CD-	F0224	Barrers interest 1 1			ć 22.2-	6 4 405 55	6200 00	Corre Dut
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58301	Remove intrauterine device	No	\$ 273.85	\$ 32.34	\$ 1,495.58	\$309.32	Case Rate

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Service Category	Service Setting	Туре	Code	Description	Service?	Cas	sh Price		Charge		Charge	Charge	Estimate Type
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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		Yes	\$	4,496.21	Ś	242.00	\$	3,278.48	\$1,997.58	Case Rate
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Professional Services Associated													
	Professional Services	CDT	E0/10	Obstetrical care	No	Ś	2,230.06	ė	133.91	ė	1 625 01	\$984.35	Case Rate
with Inpatient Stay	Professional Services	СРТ	39410		No	Ş	2,230.00	Ş	155.51	Ģ	1,625.81	3304.33	Case Rate
				Routine obstetric care for cesarean									
Professional Services Associated				delivery, including pre-and post-									
with Inpatient Stay	Professional Services	CPT	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	Ś	305.08	\$	3,429.34	\$2,090.62	Case Rate
		<u> </u>	33323	Injection of substance into spinal		Ť	.,	Ť		Ť	0,120101	<del>+-,000.01</del>	
				canal of lower back or sacrum using									
Unanital Coton ti aut Barradon	Harrital Costmations						4.055.40		270.22	,	4 000 20	¢646.00	C D-4-
Hospital Outpatient Procedure	Hospital Outpatient	CPT	62322		Yes	\$	1,055.18	>	379.33	Ş	1,880.39	\$646.00	Case Rate
				Injection of substance into spinal									
				canal of lower back or sacrum using									
Hospital Outpatient Procedure	<b>Hospital Outpatient</b>	CPT	62323	imaging guidance	Yes	\$	1,665.98	\$	305.01	\$	1,988.33	\$660.43	Case Rate
				Injections of anesthetic and/or									
				steroid drug into lower or sacral									
				spine nerve root using imaging									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	64483		Yes	\$	1,776.21	Ś	358.46	\$	1,980.49	\$840.76	Case Rate
The state of the s			5.403	0			I/A No	_	555.40	T	_,550.45	N/A No	
				Removal of recurring cataract in			ervice					Service	
Unanital Cotton at and Burne !	Harrital Cotton at land	607		•		1				,			C D-4-
Hospital Outpatient Procedure	Hospital Outpatient	CPT	66821	lens capsule using laser	Yes	_	olume	\$	-	\$	-	Volume	Case Rate
							I/A No					N/A No	
				Removal of cataract with insertion		S	ervice					Service	
<b>Hospital Outpatient Procedure</b>	<b>Hospital Outpatient</b>	CPT	66984	of lens	Yes	V	olume	\$	-	\$	-	Volume	Case Rate
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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Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	No	\$	901.06	\$	127.22	\$	1,318.18	\$142.70	Per Unit
				CT Seem Head (Brein without									
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	CPT	70498	Ct angiography neck	No	\$	1,632.72	\$	223.05	\$	1,677.63	\$249.86	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$	1,518.19	Ş	252.20	Ş	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	<b>Hospital Outpatient</b>	CPT	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	CPT	71260	(outpatient)	No	\$ 1,448.52	\$ 200.76	\$ 2,034.88	\$225.40	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	CPT	71275	Ct angiography chest	No	\$ 1,935.65	\$ 226.19	\$ 2,092.27	\$253.36	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	CPT	72040	X-Ray - Neck, Cervical Spine	No	\$ 154.65	\$ 37.93	\$ 204.42	\$83.01	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	CPT	72070	X-Ray - Middle Back, Thoracic Spine	No	\$ 251.61	\$ 33.93	\$ 338.99	\$111.06	Per Unit
Radiology Services	Hospital Outpatient	CPT	72100	X-Ray - Spine (outpatient)	No	\$ 199.60	\$ 37.93	\$ 265.13	\$112.11	Per Unit
				X-Ray, lower back, minimum four						
Radiology Services	Hospital Outpatient	CPT	72110	I	Yes	\$ 213.64	\$ 52.80	\$ 284.93	\$113.87	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	72125	Ct neck spine w/o dye	No	\$ 1,459.37	\$ 136.86	\$ 1,750.92	\$150.06	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	72126	Ct neck spine w/dye	No	\$ 1,293.16	\$ 260.86	\$ 1,821.59	\$404.05	Per Unit
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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
	and the same of th					,=_,==		,	<del></del>	
Radiology Services	Hospital Outpatient	СРТ	72129	Ct chest spine w/dye	No	\$ 1,520.66	\$ 199.82	\$ 1,805.90	\$224.03	Per Unit
			72223			+ 1,513100	+ 255.62	,	ŢJ	
Radiology Services	Hospital Outpatient	СРТ	72132	Ct lumbar spine w/dye	No	\$ 1,518.43	\$ 260.86	\$ 1,805.90	\$404.05	Per Unit
The divides	Troopical Outputient		72132	ce idinadi spine w/ dyc	140	y 1,510.43	200.00	Ç 1,003.30	Ş-0-1.03	. c. ome
Radiology Services	Hospital Outpatient	СРТ	72122	Ct lumbar spine w/o & w/dye	No	\$ 1,904.42	\$ 201.90	\$ 2,238.70	\$226.16	Per Unit
nautology services	nospital Outpatient	CFI	/2133	ct fullibal spille w/o & w/uye	INU	1,504.42 ب	÷ 201.30	ب ک <sub>ا</sub> کے ک	3220.10	rei Ullit

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Radiology Services	Hospital Outpatient	СРТ	721/11	MRI NECK SPINE W/O DYE	No	\$ 1,441.84	\$ 252.20	\$ 2,177.11	\$282.84	Per Unit
Radiology Services	Hospital Outpatient	CPT	/2141	WINTINEER SPINE W/O DTE	No	3 1,441.04	\$ 232.20	3 2,177.11	3202.04	Per Offic
Padialam, Sanisas	Hospital Outpatient	СРТ	721/10	MPI Pack (outnotiont)	Yes	\$ 1,381.13	\$ 252.20	\$ 2,137.12	\$282.84	Per Unit
Radiology Services	Hospital Outpatient	CPT	72140	MRI - Back (outpatient)	res	\$ 1,301.13	\$ 252.20	\$ 2,137.12	\$202.04	Per Unit
Padialogy Convices	Hospital Outpatient	СРТ	72170	V Boy Dolyis	N	\$ 249.04	\$ 28.72	\$ 327.10	\$109.65	Per Unit
Radiology Services	Hospital Outpatient	CPI	/21/0	X-Ray - Pelvis	No	\$ 249.04	\$ 20.72	\$ 327.10	\$109.05	Per Unit
Dadialam: Camiana	Heavital Outrations	CDT	72400	V DAY EVANA OF DELVIS	NI -	ć 200 F2	ć 20.00	\$ 264.73	\$113.51	Day Unit
Radiology Services	Hospital Outpatient	СРТ	72190	X-RAY EXAM OF PELVIS	No	\$ 208.53	\$ 39.60	\$ 264.73	\$113.51	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	ć221 02	Don Hait
Radiology Services	Hospital Outpatient	СРТ	/2193	CT scan, pelvis, with contrast	Yes	\$ 1,536.96	\$ 197.29	\$ 2,142.05	\$221.03	Per Unit
Padialogy Convices	Hospital Outpatient	CDT	72107	MRI - Pelvis (outpatient)	N	\$ 2,448.72	\$ 402.71	\$ 3,522.33	\$451.62	Per Unit
Radiology Services	Hospital Outpatient	СРТ	/219/	iviki - Peivis (outpatient)	No	\$ 2,440.72	3 402.71	\$ 3,322.33	3451.02	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72000	X-ray exam of collar bone	No	\$ 147.59	\$ 22.40	\$ 185.92	\$80.19	Per Unit
Radiology Services	Hospital Outpatient	CFI	73000	A-ray exam or conar bone	NO	\$ 147.33	3 22.40	3 183.92	380.13	Per Offic
Padialagu Samisas	Hospital Outpatient	СРТ	72010	V ray ayam of shoulder blade	No	\$ 196.93	\$ 26.01	\$ 251.93	\$109.98	Per Unit
Radiology Services	Hospital Outpatient	CFI	73010	X-ray exam of shoulder blade	NO	\$ 190.93	\$ 20.01	\$ 251.95	\$105.56	Per Offic
Radiology Services	Hospital Outpatient	СРТ	73020	X-Ray - Shoulder (outpatient)	No	\$ 149.50	\$ 28.33	\$ 196.92	\$81.24	Per Unit
		Ci*1	, 3030	- Tay Shoulder (outputient)	140	Ţ 143.30	- 20.33	÷ 150.52	701.24	. c. ct
Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$ 147.62	\$ 29.40	\$ 195.82	\$80.19	Per Unit
The analogy of vices	Troopital Outputient	Cr' I	73000	A RAT EXAM OF HOMEROS	140	y 147.02	23.40	y 155.62	Ç00.13	. cr omt
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$ 146.83	\$ 25.07	\$ 191.42	\$80.19	Per Unit
The division of the control of the c	Troopital Outputient	Ci*1	,3070	A Tay Chair of Cisow	140	y 140.03	Ç 23.07	7 131.42	Ç00.13	. cr omt
Radiology Services	Hospital Outpatient	СРТ	73080	X-RAY EXAM OF ELBOW	No	\$ 122.83	\$ 26.72	\$ 154.02	\$80.55	Per Unit
nadiology services	Hospital Outpatient	CFT	73000	A-RAT EXAMINIOT ELDOW	NO	7 122.03	y 20.72	7 134.02	700.33	i ci onit

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Service Category	Service Setting	Туре	Code	Description	Service?	Ca	sh Price	Charge	Charge	Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	73000	X-RAY EXAM OF FOREARM	No	\$	117.10	\$ 26.40	\$ 151.82	\$80.19	Per Unit
nadiology Scrvices	nospital outputient	CFT	73030	X-RAT EXAM OF TOREARM	140	7	117.10	ÿ 20.40	7 131.02	Ç00.13	T CT OTHE
De diele en Comitere	Harrist Contractions	CDT	72440	V David Maint (autorations)			456.53	ć 20.72	ć 10C 10	600 FF	Dan Hait
Radiology Services	Hospital Outpatient	CPT	/3110	X-Ray - Wrist (outpatient)	No	\$	156.52	\$ 30.72	\$ 196.19	\$80.55	Per Unit
Radiology Services	Hospital Outpatient	CPT	73120	X-RAY EXAM OF HAND	No	\$	192.03	\$ 24.40	\$ 249.73	\$109.29	Per Unit
Radiology Services	Hospital Outpatient	CPT	73130	X-Ray - Hand	No	\$	151.54	\$ 32.72	\$ 198.42	\$80.55	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73221	MRI - Shoulder, Elbow, or Wrist	No	\$	1,211.82	\$ 246.65	\$ 1,702.46	\$277.17	Per Unit
		-				-		,	7 - 7,10-1110	7	
Radiology Services	Hospital Outpatient	СРТ	72502	X-Ray - Hip	No	\$	129.58	\$ 37.77	\$ 197.91	\$83.01	Per Unit
nadiology Services	nospital Outpatient	CFI	73302	X-Nay - IIIp	INO	٠	125.50	37.77	3 137.31	303.01	reronic
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Radiology Services	Hospital Outpatient	CPT	73552	X-RAY EXAM OF FEMUR 2/>	No	\$	150.51	\$ 29.51	\$ 189.38	\$80.92	Per Unit
Radiology Services	Hospital Outpatient	CPT	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$	201.92	\$ 32.40	\$ 266.82	\$80.19	Per Unit
Radiology Services	Hospital Outpatient	CPT	73562	X-Ray - Knee (outpatient)	No	\$	263.50	\$ 36.52	\$ 351.25	\$81.24	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$	239.62	\$ 32.40	\$ 321.48	\$79.87	Per Unit
						T .					
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$	191.55	\$ 31.98	\$ 278.60	\$80.19	Per Unit
Taurotogy Scretces	Trospital Outputient		73000	A NAT EXAMINOT AIRCE	140	7	131.33	y 31.30	275.00	700.13	. c. ome
Dedictory Comics -	Hespital Output:	CDT	72646	V Day Ankla (auto-at-aut)	B1 =	,	220.05	ć 25.70	6 344.44	600 55	Don Huit
Radiology Services	Hospital Outpatient	CPT	/3610	X-Ray - Ankle (outpatient)	No	\$	239.05	\$ 25.72	\$ 311.14	\$80.55	Per Unit

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Padiatana Cambaa	Hamital Cotton tions		=2522	V DAY EVANA OF FOOT		_	400.34		20.04	_	262.24	670 FF	Des Heit
Radiology Services	Hospital Outpatient	СРТ	/3620	X-RAY EXAM OF FOOT	No	\$	196.24	\$	29.81	\$	262.21	\$79.55	Per Unit
De diele en Comitee		CDT	72620	V Day (Fact (autorities))	N		246.65		22.05	,	200.00	ć00 22	Des Heite
Radiology Services	Hospital Outpatient	СРТ	/3630	X-Ray - Foot (outpatient)	No	\$	216.05	Ş	33.95	\$	289.60	\$80.23	Per Unit
De dielem Comitee	Hamital Cotton tions			CT LOWER EXTREMITY M/O DVE		_	4 224 00		24.04	_	4 400 03	Ć450.0C	Described.
Radiology Services	Hospital Outpatient	СРТ	/3/00	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	\$ 1	34.01	>	1,400.92	\$150.06	Per Unit
B # 1				2451 W ( i ii i)			4 224 22		46.65		4 000 00	4075 40	
Radiology Services	Hospital Outpatient	СРТ	73721	MRI - Knee (outpatient)	Yes	\$	1,224.32	\$ 2	46.65	\$	1,828.36	\$276.48	Per Unit
			74040	V.D. 41.1			445.64		20.24		400 76	400.00	
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$	145.61	\$	28.31	\$	189.76	\$80.92	Per Unit
De dielem Comitee	Hamital Cotton tions	CDT		Stabilización (s. des		_	077.64		42.20	_	4 446 00	Ć4E0 2C	Described.
Radiology Services	Hospital Outpatient	СРТ	/4150	Ct abdomen w/o dye	No	\$	977.64	\$ 1	42.38	>	1,446.99	\$159.36	Per Unit
				6. 1.1.			4 004 40				2 4 4 4 20	4000.00	
Radiology Services	Hospital Outpatient	CPT	74170	Ct abdomen w/o & w/dye	No	\$	1,824.18	\$ 2	07.86	\$	2,144.29	\$232.83	Per Unit
				CT Commandation of the command									
				CT Scan - Abdomen and Pelvis, with								4	
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	No	\$	2,748.11	\$ 2	86.79	Ş	3,568.86	\$433.70	Per Unit
De diele en Comite	Handral Outrant	on-		CT Scan - Abdomen and Pelvis, with	.,	_	274044		06.70	,	2 500 00	6422.70	Des Hett
Radiology Services	Hospital Outpatient	СРТ	74177	Contrast	Yes	\$	2,748.11	<b>\$</b> 2	86.79	\$	3,568.86	\$433.70	Per Unit
							204.62		EC 00			4400.55	
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$	394.10	\$	56.38	Ş	563.71	\$193.66	Per Unit
L								_				4	
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$	521.72	\$	79.34	\$	578.01	\$215.08	Per Unit
L												4.00	
Radiology Services	Hospital Outpatient	CPT	75571	Ct hrt w/o dye w/ca test	No	\$	306.04	Ş	59.00	\$	323.39	\$100.25	Per Unit

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Radiology Services	<b>Hospital Outpatient</b>	CPT	76536	Ultrasound - Head and Neck	No	\$	460.62	\$ 78.79	\$ 386.50	\$128.63	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	CPT	76642	Ultrasound - Breast (outpatient)	No	\$	152.68	\$ 78.52	\$ 249.30	\$105.16	Per Unit
Radiology Services	Hospital Outpatient	CPT	76700	Ultrasound - Abdominal, Complete	Yes	\$	361.43	\$ 91.69	\$ 433.80	\$140.93	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$	327.93	\$ 46.05	\$ 372.20	\$129.71	Per Unit
naulology Services	nospital outpatient	CFI	70703	Oltrasouna - Abuoniniai, Linnteu	NO	7	327.33	7 40.03	3 372.20	Ş123.71	reronic
Matamity/Daliyamy	Heavital Outrations	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$	450 50	ć 7C.F4	\$ 400.80	\$137.07	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	70770	OS EXAMI ABDO BACK WALL COMP	No	ş	456.58	\$ 76.54	\$ 400.80	\$157.07	Per Unit
B. B. a. b. a. see that I D. a. Utanama	Harrital Cotarations		75004	OR LIG + 4.4 MING CINICIE FETUS		_	204 57	ć 00.0E	ć 20C 27	ć4.40.C0	Dan Haite
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	CPT	76805	(outpatient)	Yes	\$	367.73	\$ 100.36	\$ 437.10	\$149.69	Per Unit
						١.					
Maternity/Delivery	Hospital Outpatient	СРТ	76811	OB US DETAILED SNGL FETUS	No	\$	522.04	\$ 198.65	\$ 587.50	\$303.13	Per Unit
						l .					
Maternity/Delivery	Hospital Outpatient	CPT	76815	OB US LIMITED FETUS(S)	No	\$	309.95	\$ 54.75	\$ 384.30	\$132.85	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	CPT	76816	Ultrasound - Pregnancy Follow-Up	No	\$	406.54	\$ 64.37	\$ 384.30	\$142.66	Per Unit
Maternity/Delivery	<b>Hospital Outpatient</b>	CPT	76818	FETAL BIOPHYS PROFILE W/NST	No	\$	476.50	\$ 82.20	\$ 387.27	\$152.46	Per Unit
-											
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$	407.39	\$ 97.44	\$ 398.34	\$138.80	Per Unit
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Dadialam, Caminas	Hospital Outpatient	CDT	70024	MIDDLE CEREBRAL ARTERY ECHO	81-	Ś	370.14	\$ 88.69	\$ 391.69	\$135.12	Per Unit
Radiology Services	nospital Outpatient	СРТ	76821	WIIDDLE CEREBRAL ARTERY ECHO	No	ş	370.14	\$ 66.05	\$ 331.03	\$155.12	Per Offit
				Ultrasound - Transvaginal (non-							
Radiology Services	Hospital Outpatient	CPT	76830	maternity)	Yes	\$	475.43	\$ 98.63	\$ 463.90	\$134.94	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	CPT	76856	Ultrasound - Pelvic (outpatient)	No	\$	344.00	\$ 70.34	\$ 408.50	\$134.62	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$	546.40	\$ 107.57	\$ 501.03	\$124.54	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$	383.79	\$ 135.81	\$ 629.70	\$156.97	Per Unit
nautology services	nospital outputient	CIT	77000	ividininography or both breasts	103	7	303.73	7 155.01	ÿ 023.70	<b>Ģ130.37</b>	T CT OTHE
Radiology Services	Hospital Outpatient	CPT	77067	Mammogram (outpatient)	Yes	\$	406.73	\$ 109.22	\$ 504.02	\$126.94	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	CPT	77080	Bone Density Scan (outpatient)	No	\$	247.25	\$ 56.29	\$ 393.45	\$110.74	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	CPT	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	\$ 336.74	\$ 2,091.45	\$1,224.96	Per Unit
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Laboratory & Dathalam Comit	Hospital Quingtiant	CPT	90040	Placed Test Pasis Matchelia Paral	V	\$	150.02	ć 44.04	ć 224.22	\$16.03	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	Þ	158.03	\$ 11.84	\$ 221.33	\$16.92	Per Unit
				Blood Test - Comprehensive		١.				4	
Laboratory & Pathology Services	Hospital Outpatient	CPT	80053	Metabolic Panel	Yes	\$	93.73	\$ 14.78	\$ 136.89	\$21.12	Per Unit

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Laboratory & Pathology Services Hospital Outpatient CPT 80055 Blood Test - Pregnancy (Obstetric) Yes N/A No N/A No N/A No N/A No Service Service Service Volume Volume Volume Volume	
Laboratory & Pathology Services Hospital Outpatient CPT 80055 Blood Test - Pregnancy (Obstetric) Yes Service Service Service Volume Volume Volume	Dor I Init
Laboratory & Pathology Services Hospital Outpatient CPT 80055 Panel Yes Volume Volume Volume Volume	Dor Unit
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Rigard Test - Chalesteral Test Linid	
blood rest - Cholesterol rest, Lipid	
Laboratory & Pathology Services Hospital Outpatient CPT 80061 Panel Yes \$ 46.48 \$ 12.05 \$ 101.77 \$13.39	Per Unit
Blood Test - Renal (Kidney)	
Laboratory & Pathology Services Hospital Outpatient CPT 80069 Function Panel Yes \$ 17.24 \$ 8.68 \$ 34.59 \$17.36	Per Unit
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Disad Test Hanstin History	
Blood Test - Hepatic (Liver)	
Laboratory & Pathology Services Hospital Outpatient CPT 80076 Function Panel Yes \$ 146.77 \$ 11.44 \$ 205.84 \$16.34	Per Unit
Laboratory & Pathology Services   Hospital Outpatient   CPT   80307   Drug test prsmv chem anlyzr   No   \$ 128.65   \$ 55.93   \$ 199.53   \$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 CPT 81000 Urinalysis nonauto w/scope Yes Volume Volume Volume Volume	Per Unit
Urine Test - Automated with	
Laboratory & Pathology Services Hospital Outpatient CPT 81001 Microscope Examination Yes \$ 23.46 \$ 4.44 \$ 34.47 \$6.34	Per Unit
Laboratory & Patriology Services Prospital Outpatient CP1 81001 Microscope Examination 1es \$ 25.40 \$ 4.44 \$ 54.47 \$ 50.54	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 81002 Urine Test - Urinalysis, Manual Test Yes \$ 7.24 \$ 2.67 \$ 14.00 \$3.48	Per Unit
Urine Test - Automated without	
Laboratory & Pathology Services Hospital Outpatient CPT 81003 Microscope Yes \$ 10.40 \$ 3.16 \$ 11.25 \$4.50	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 81025 Urine Test - Pregnancy No \$ 40.87 \$ 10.45 \$ 58.29 \$17.22	Per Unit
7 100 y 100 y 2012 y 2012	
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Laboratory & Pathology Services Hospital Outpatient CPT 82247 Bilirubin total No \$ 41.02 \$ 4.52 \$ 55.22 \$5.02	Per Unit
Laboratory & Pathology Services Hospital Outpatient CPT 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	CPT	82330	Assay of calcium	No	\$	35.11	\$ 12.31	\$ 67.00	\$13.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82375	Assay carboxyhb quant	No	\$	114.13	\$ 11.09	\$ 153.64	\$12.32	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	92465	Assay bld/serum cholesterol	No	\$	15.28	\$ 3.92	\$ 23.76	\$4.35	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	82403	Assay blu/ serum cholesteror	NO	Y	13.20	3.32	Ş 23.70	34.33	reronit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82550	Assay of ck (cpk)	No	\$	12.70	\$ 5.86	\$ 35.53	\$6.51	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	82552	Assay of cpk in blood	No	\$	26.14	\$ 12.05	\$ 75.41	\$13.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82565	Assay of creatinine	No	\$	124.50	\$ 7.17	\$ 70.25	\$10.24	Per Unit
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				Blood Test - Vitamin B-12							
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82607	(Cyanocobalamin) Level	No	\$	29.40	\$ 13.57	\$ 82.73	\$15.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82610	Cystatin c	No	\$	140.40	\$ 14.17	\$ 405.00	\$18.52	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	82668	Assay of erythropoietin	No	\$	36.68	\$ 16.91	\$ 99.20	\$18.79	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82670	Assay of estradiol	No	\$	54.51	\$ 25.15	\$ 152.33	\$27.94	Per Unit
	proof waspasterit	1	52075			Ť	22	- 25.25	÷ 152.55	Ţ_7.5-	
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82693	Assay of ethylene glycol	No	\$	20.29	\$ 13.41	\$ 40.08	\$14.90	Per Unit
				Blood Test - Ferritin (Blood Protein)							
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	82728	Level	No	\$	33.53	\$ 19.09	\$ 96.63	\$27.26	Per 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	\$14.70	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	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	5.51	\$ 49.42	\$7.86	Per Unit
Laboratory at rathology services	Troopital outputient	Ci i	02347	rissay gracese sreet quarre	140	ÿ 54.0	7	5.51	y 45142	<b>77.00</b>	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	\$6.56	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83018	Heavy metal quant each nes	No	\$ 172.9	7 \$	19.76	\$ 498.96	\$21.96	Per Unit
				Blood Test - Blood Glucose Control							
Laboratory & Pathology Services	Hospital Outpatient	CPT	83036	(Hemoglobin A1C)	No	\$ 71.2	7 \$	8.74	\$ 95.94	\$9.71	Per Unit
,											
Laboratory & Pathology Services	Hospital Outpatient	СРТ	02000	Assay of histamine	No	\$ 75.8	۸ ċ	26.58	\$ 218.76	\$29.53	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	83088	Assay of filstaffille	NO	\$ 75.0	7 7	20.30	\$ 210.70	ÿ23.33	rei oiiit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83518	Immunoassay dipstick	No	\$ 147.0	9 \$	6.55	\$ 424.29	\$9.64	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	83540	Blood Test - Iron Level	No	\$ 51.9	0 \$	9.06	\$ 75.77	\$12.94	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$ 27.4	4 S	10.41	\$ 58.05	\$11.57	Per Unit
7 22 22 20 20 20				,	***		ļ.				
				Blood Test - Lipase (fat enzyme)							
Laboratory & Pathology Convices	Hospital Outpations	СРТ	83690		No	\$ 69.4	7 5	6.20	\$ 93.51	\$6.89	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CF1	03030	LEVEI	IVU	9.40 ب	, 3	0.20	75.51	30.03	rei Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	83735	Assay of magnesium	No	\$ 53.8	2   Ş	9.38	\$ 78.56	\$13.40	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	83880	Assay of natriuretic peptide	No	\$ 172.55	\$ 35.33	\$ 232.27	\$39.26	Per Unit
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Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	84100	Assay of phosphorus	No	\$ 61.73	\$ 6.64	\$ 87.67	\$9.48	Per Unit
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Laboratory & Pathology Services	<b>Hospital Outpatient</b>	СРТ	84132	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$9.52	Per Unit
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Laboratory & Dathalam Consists	Hasnital Outpationt	CDT	0/122	Assay of sorum notassium	N	¢ 42.22	¢ 6.66	\$ 62.65	\$9.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$9.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 52.59	\$ 18.77	\$ 96.68	\$20.86	Per Unit
				Blood Test - Prostate Specific						
Laboratory & Pathology Services	Hospital Outpatient	CPT	84153	Antigen (PSA) Level	Yes	\$ 74.21	\$ 25.75	\$ 116.68	\$36.78	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	84154	PSA (prostate specific antigen)	Yes	\$ 106.34	\$ 16.55	\$ 143.15	\$18.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84182	Protein western blot test	No	\$ 382.72	\$ 18.76	\$ 588.80	\$29.21	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	СРТ	84295	Assay of serum sodium	No	\$ 42.10	\$ 4.33	\$ 56.67	\$4.81	Per Unit
, 10,11				* ***						
				Blood Test - Thyroxine (Thyroid						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84430	Chemical) Level, Free	No	\$ 66.21	\$ 8.12	\$ 89.13	\$9.02	Per Unit
		C/ I	0-4-03	Charles of Ecoch Field	110	7 00.21	7 0.12	7 05.13	<b>43.02</b>	. c. ot
				Blood Tost Thursid Stimulating						
Laboratore 9 Dath - L C	Heavital Outrestins	CDT	04440	Blood Test - Thyroid Stimulating	N1 =	6 6467	6 22.52	6 440.00	622.00	Dou Huit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Hormone (TSH) Level	No	\$ 64.07	\$ 23.52	\$ 119.09	\$33.60	Per Unit
				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Hormone (TSH) Level	Yes	\$ 64.07	\$ 23.52	\$ 119.09	\$33.60	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	84480	Assay triiodothyronine (t3)	No	\$ 96	.31	\$ 12.76	\$ 129.6	\$14.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84484	Assay of troponin quant	No	\$ 81	.70	\$ 10.26	\$ 121.4	\$12.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	9/702	Chorionic gonadotropin test	No	\$ 125	.77	\$ 11.54	\$ 169.3	\$15.05	Per Unit
Education y & 1 athlology services	nospital outpatient	Ci i	04702	chonome gonadotrophi test	140	7 123	.,,	7 11.54	7 105.5	715.05	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	CPT	85014	Hematocrit	No	\$ 26	.95	\$ 2.13	\$ 36.27	\$2.37	Per Unit
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	CPT	85025	Count and Automated WBC	Yes	\$ 77	.98	\$ 10.88	\$ 112.00	\$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
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Laboratori & Dotholomi Comices	Heavital Outrations	CDT	05340	Clat factor viii abo 1 store	81-	ć 4F	07	ć 1C 11	ć 05.50	ć17.00	Dou Huit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85240	Clot factor viii ahg 1 stage	No	\$ 45	.97	\$ 16.11	\$ 95.56	\$17.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85378	Fibrin degrade semiquant	No	\$ 53	.57	\$ 7.44	\$ 72.13	\$9.72	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	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
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Laboratory 0 Dati 1 Co. 1	Harrisal Order	CDT	05000	DDC CICKLE CELL TECT				A			Deville?
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$ 53	.32	\$ 4.96	\$ 71.77	\$5.51	Per Unit
				Blood Test - Coagulation							
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	85730	Assessment	Yes	\$ 46	.01	\$ 5.41	\$ 61.94	\$6.01	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	85732	Thromboplastin time partial	No	\$ 12	.63	\$ 5.82	\$ 36.42	\$6.47	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	86140	C-reactive protein	No	\$ 48	3.49	\$ 4.66	\$ 65.28	\$5.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	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	96261	T cell absolute count	No	\$ 132	2.78	\$ 24.10	\$ 383.03	\$26.78	Per Unit
Laboratory & Patriology Services	Hospital Outpatient	CFI	90301	i celi absolute count	INU	J 134	/0	3 24.10	3 303.03	\$20.76	rei Ollit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86431	Rheumatoid factor quant	No	\$ 52	.70	\$ 5.10	\$ 70.95	\$5.67	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 37	.81	\$ 3.84	\$ 50.90	\$4.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	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
Laboratory & Fathology Services	nospital outputient	Ci i	00011	bartoricia antibody	110	7 3	.57	ÿ J.10	7 105.50	710.10	T CT OTHE
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86615	Bordetella antibody	No	\$ 25	.74	\$ 11.87	\$ 81.45	\$13.19	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86651	Encephalitis californ antbdy	No	\$ 25	.74	\$ 11.87	\$ 110.13	\$13.19	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86652	Encephaltis east eqne anbdy	No	\$ 25	.74	\$ 11.87	\$ 110.13	\$13.19	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86653	Encephaltis st louis antbody	No	\$ 25	.74	\$ 11.87	\$ 110.13	\$13.19	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86654	Encephaltis west eqne antbdy	No	\$ 25.	74	\$ 11.87	\$ 110.13	\$13.19	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86663	Epstein-barr antibody	No	\$ 25.	50	\$ 11.81	\$ 83.21	\$13.12	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86677	Helicobacter pylori antibody	No	\$ 30.	68	\$ 15.13	\$ 63.03	\$16.85	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86602	Hepatitis delta agent antbdy	No	\$ 29.	16	\$ 15.44	\$ 50.98	\$17.16	Per Unit
Laboratory & Fathology Services	Trospital Outputient	Ci i	80032	ricpatitis delta agent antody	140	y 25.	-	, 13.44	30.30	ÿ17.10	T CT OTHE
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86698	Histoplasma antibody	No	\$ 79.	55	\$ 12.41	\$ 107.23	\$13.79	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86704	HEP B CORE ANTIBODY TOTAL	No	\$ 86.	11	\$ 10.85	\$ 115.92	\$12.05	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86705	HEP B CORE ANTIBODY IGM	No	\$ 22.	98	\$ 10.59	\$ 57.38	\$11.77	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$ 98.	98	\$ 9.67	\$ 133.25	\$10.74	Per Unit
			507.55			7 30.		5.07	7 100.110	<b>420</b> 17 1	
Laboratory & Pathology Convices	Hospital Outpatient	СРТ	96707	Henatitis he antibody	No	\$ 22.	56	\$ 10.41	\$ 65.09	\$11.57	Per Unit
Laboratory & Pathology Services	Tiospital Outpatient	CFI	00/0/	Hepatitis be antibody	INU	٠ 22.		, 10.41	y 03.03	311.37	rei Ullit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86708	Hepatitis a antibody	No	\$ 22.	71	\$ 11.15	\$ 56.71	\$12.39	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	86762	Rubella antibody	No	\$ 78.	19	\$ 12.95	\$ 225.56	\$14.39	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86765	Rubeola antibody	No	\$ 25.	14	\$ 11.59	\$ 72.53	\$12.88	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	\$42.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$12.88	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	\$14.27	Per Unit
Laboratory & Patriology Services	Hospital Outpatient	CPT	00003	Level	INO	3 07.04	3 12.04	3 31.00	314.27	rei Ollit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$15.49	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$44.61	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$129.41	Per Unit
Laboratory at rathology services	Troopital Outputient	Ci i	00003	Coombo test maneet quar	140	Ç 244172	ÿ 3.03	ÿ 323143	<b>V123141</b>	T CI OIIIC
			00000	B		400.00	4 270	4 257.00	400.00	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$98.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$98.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$30.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86001	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$30.15	Per Unit
Laboratory & Fathology Services	1103pitai Outpatielit	CF I	86901	blood typing serologic fil(u)	140	ÿ 00.24	y 3.76	φ 61.10	930.13	i ei oiiit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$ 4.84	\$ 383.37	\$255.58	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 13.44	\$ 344.22	\$129.41	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	87040	Blood culture for bacteria	No	\$	133.90	\$ 9.29	\$ 180.25	\$10.32	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	87070	Bacterial Culture - Swab	No	\$	138.63	\$ 7.76	\$ 186.61	\$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
Laboratory at ratheredy services	Troopital outputient	Ci i	07077	Test for Disease-Causing	140	7	00.40	y ,,,,,	ÿ 02.05	φο.σσ	T CI OIIIC
				(Pathogenic) Organisms, Not			04.45	A = 0=	400.00	45.50	
Laboratory & Pathology Services	Hospital Outpatient	CPT	87081	Limited to a Specific Condition	No	\$	81.17	\$ 5.97	\$ 109.26	\$6.63	Per Unit
				Urine Test - Bacterial Culture,							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87086	Quantitative Colony Count	No	\$	82.16	\$ 7.26	\$ 110.60	\$8.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87088	Urine Test - Bacterial Culture	No	\$	15.80	\$ 7.28	\$ 43.86	\$8.09	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	97110	Chlamydia culture	No	\$	130.74	\$ 17.64	\$ 175.99	\$19.60	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFI	8/110	Cilialityula culture	NO	Ÿ	130.74	ÿ 17.0 <del>4</del>	3 173.33	\$15.00	reronic
				5 1 11 60 11 1 11 15							
				Evaluation of Antimicrobial Drug							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87186	(antibiotic, antifungal, antiviral)	No	\$	69.16	\$ 7.79	\$ 93.10	\$8.65	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	87205	Lab Test - Smear for Microorganism	No	\$	49.93	\$ 3.84	\$ 67.21	\$4.27	Per Unit
				Lab Test - Detection test for							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87340	Hepatitis B Surface Antigen	No	\$	63.55	\$ 9.30	\$ 85.55	\$10.33	Per Unit
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				Lab Test - Detection test for HIV-1							
Laboratory & Pathology Convices	Hospital Outpations	СРТ	97200	and HIV-2	No	\$	110.43	\$ 21.67	\$ 148.66	\$24.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CF1	0/303	and my-2	IVU	٦	110.43	y 21.0/	y 140.00	324.00	rei Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	87425	Rotavirus ag ia	No	\$	37.44	\$ 10.78	\$ 108.00	\$11.98	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	87491	Urine Test - Chlamydia	No	\$ :	108.43	\$ 31.58	\$ 171.03	\$35.09	Per Unit
				Urine Test - Gonorrhoeae		l .					
Laboratory & Pathology Services	Hospital Outpatient	CPT	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	CPT	87635	AMP PRB	No	\$	53.36	\$ -	\$ 136.48	\$51.31	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87798	Detect agent nos dna amp	No	\$	90.13	\$ 31.58	\$ 171.03	\$35.09	Per Unit
				Lab Test - Detection test for							
<b>Laboratory &amp; Pathology Services</b>	<b>Hospital Outpatient</b>	CPT	87804	Influenza Virus	No	\$	37.58	\$ 19.82	\$ 70.50	\$33.10	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87880	Strep Test (Streptococcus, group A)	No	\$ :	101.56	\$ 19.87	\$ 143.48	\$33.06	Per Unit
<b>Laboratory &amp; Pathology Services</b>	<b>Hospital Outpatient</b>	CPT	88185	Flowcytometry/tc add-on	No	\$	68.81	\$ -	\$ 120.30	\$20.07	Per Unit
				Immunization Administration First							
Vaccinations	Physician Office	CPT	90460	Component	No	\$	40.10	\$ 11.68	\$ 75.93	\$13.44	Per Unit
				Immunization Administration Each							
Vaccinations	Physician Office	CPT	90461	Additional Component	No	\$	25.13	\$ 10.49	\$ 38.51	\$12.07	Per Unit
Vaccinations	Hospital Outpatient	CPT	90471	Immunization Administration	No	\$	44.49	\$ 7.02	\$ 81.80	\$67.97	Per Unit
				Immunization Administration Each							
Vaccinations	Hospital Outpatient	CPT	90472	Additional Component	No	\$	12.56	\$ -	\$ 38.51	\$24.14	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						
Vaccination	Hospital Outpatient	СРТ	90670	for Injection into Muscle	No	\$ 285.59	\$ 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	\$ 57.74	\$ -	\$ 77.73	\$34.28	Per Unit
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	90791	Psychiatric Diagnostic Evaluation	No	\$ 308.81	\$ 118.93	\$ 198.74	\$124.21	Per Unit
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	90832	Psychotherapy - 30 Minutes	Yes	\$ 88.03	\$ 57.92	\$ 99.25	\$62.03	Per Unit
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	90834	Psychotherapy - 45 Minutes	Yes	\$ 116.77	\$ 77.37	\$ 132.34	\$82.71	Per Unit
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<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	90837	Psychotherapy - 60 Minutes	Yes	\$ 174.90	\$ 116.00	\$ 198.22	\$123.89	Per Unit
				77		N/A No		N/A No	N/A No	
						Service		Service	Service	
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	90846	Family psytx w/o pt 50 min	Yes	Volume	\$ -	Volume	Volume	Per Unit
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Evaluation & Management Services	Professional Services	СРТ	90847	Psychotherapy - Family Session	Yes	\$ 146.15	\$ 97.13	\$ 166.18	\$103.86	Per Unit
		<u> </u>		, , , , , , , , , , , , , , , , , , , ,		N/A No		N/A No	N/A No	
						Service		Service	Service	
Evaluation & Management Services	Professional Services	СРТ	90853	Psychotherapy - Group Session	Yes	Volume	\$ -	Volume	Volume	Per Unit
		1		, ,			<u> </u>			
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$ 52.00	\$ 17.40	\$ 251.43	\$76.97	Per Unit
		1	52307			. 52.30	. 27710	. 252.45	7.3.0.	
				Electrocardiogram, routine, with						
Medicine Cardiovascular	Professional Services	СРТ	93000	interpretation and report	Yes	\$ 36.27	\$ 28.12	\$ 95.52	\$15.89	Per Unit
	7.00.00.00.00.00.00.00.00.00.00.00.00.00	1	55555			÷ 30.27	- 20.12	, JJ.J2	Ţ_3.03	
Medicine Other	Hospital Outpatient	СРТ	93005	Electrocardiogram (ECG or EKG)	No	\$ 142.29	s -	\$ 295.26	\$57.24	Per Unit
		<b>U</b>	22003	Con alogiani (Eco of End)	140	+ 172.23	T	7 233.20	907.27	. 5. 5

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				CARRIOVASCUU AR CERESC TEST		_	474 40	_	64.00		504 FT	4000.04	
Medicine Cardiac Stress Test	Hospital Outpatient	CPT	93017	CARDIOVASCULAR STRESS TEST	No	\$	471.40	\$	61.00	\$	634.57	\$228.24	Per Unit
												4	
Medicine Other	Hospital Outpatient	CPT	93306	Tte w/doppler complete	No	\$	1,404.83	Ş	322.26	Ş	1,593.05	\$506.50	Per Unit
Unanital Code at an Branch day	Uit-l Outtit		00450	Insertion of catheter into left heart	.,	,	0.047.45		F70.03	_	42.020.02	62 707 40	Corr Doto
Hospital Outpatient Procedure	Hospital Outpatient	CPT	93452	for diagnosis	Yes	\$	8,847.45	\$	5/9.93	\$	12,920.92	\$2,797.49	Case Rate
												4	
Medicine Other	Hospital Outpatient	CPT	93971	Extremity study	No	\$	240.64	\$	92.64	\$	400.67	\$122.72	Per Unit
						١.		١.					
Medicine Other	Hospital Outpatient	CPT	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							Service		ervice		Service	Service	
Neuromuscular	Hospital Outpatient	CPT	95810	Sleep study	Yes		Volume	V	olume		Volume	Volume	Per Unit
Injections	Hospital Outpatient	CPT	96402	Chemo hormon antineopl sq/im	No	\$	110.26	\$	66.86	\$	196.20	\$83.77	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	\$14.39	Per Unit
Medicine Physical Medicine and				Physical Therapy - Ultrasound									
Rehabilitation	Hospital Outpatient	CPT	97035	Therapy	No	\$	26.92	\$	11.95	\$	40.29	\$13.91	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic									
Rehabilitation	Hospital Outpatient	CPT	97110	Exercises	Yes	\$	88.74	\$	17.40	\$	119.46	\$29.56	Per Unit
Medicine Physical Medicine and				Physical Therapy - Neuromuscular									
Rehabilitation	<b>Hospital Outpatient</b>	CPT	97112	Reeducation	No	\$	69.93	\$	26.14	\$	104.78	\$33.95	Per Unit
Medicine Physical Medicine and													
Rehabilitation	<b>Hospital Outpatient</b>	CPT	97116	GAIT TRAINING THERAPY	No	\$	77.61	\$	22.90	\$	104.48	\$29.23	Per Unit
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Medicine Physical Medicine and								_				4	
Rehabilitation	Hospital Outpatient	CPT	97140	Physical Therapy - Manual Therapy	No	\$	56.20	\$	23.73	\$	93.92	\$27.22	Per Unit
Medicine Physical Medicine and				Physical Therapy - Low Complexity								400.00	
Rehabilitation	Hospital Outpatient	CPT	97161	Evaluation	No	\$	168.06	Ş	71.97	\$	252.78	\$82.43	Per Unit
Medicine Physical Medicine and				Physical Therapy - Moderate			60.40		74.07		252.50	400.40	
Rehabilitation	Hospital Outpatient	CPT	97162	Complexity Evaluation	No	\$	62.40	\$	71.97	\$	252.78	\$82.43	Per Unit
				DI 1 171 UNI 0 1 11									
Medicine Physical Medicine and				Physical Therapy - High Complexity								400.00	
Rehabilitation	Hospital Outpatient	CPT	97163	Evaluation	No	\$	168.06	\$	71.97	\$	252.78	\$82.43	Per Unit
Medicine Physical Medicine and			07464	D			440.04		40.67		470.07	A=C 40	
Rehabilitation	Hospital Outpatient	CPT	9/164	Physical Therapy - Re-Evaluation	No	\$	113.34	\$	48.67	\$	170.97	\$56.43	Per Unit
Mandinian Comment and Thomas			07465	OT EVAL LOW CONTRIES 20 MIN		_	400.00		77.05	_	245.22	607.20	Day Helt
Medicine Occupational Therapy	Hospital Outpatient	CPT	9/165	OT EVAL LOW COMPLEX 30 MIN	No	\$	180.88	<b>&gt;</b>	77.05	\$	245.32	\$87.28	Per Unit
Mandinian Comment and Thomas			07466	OT EVALAGE COMPLEY AS MAIN		_	62.40		72.00	_	245.22	éac ac	Day Help
Medicine Occupational Therapy	Hospital Outpatient	CPT	9/166	OT EVAL MOD COMPLEX 45 MIN	No	\$	62.40	\$	72.00	\$	245.32	\$86.96	Per Unit
Madising Physical Madising and				Dhysical Thorony Thoronoutic									
Medicine Physical Medicine and	Hospital Outpoticat	CDT	07530	Physical Therapy - Therapeutic	N-	٤	02.45	ė	17.40	ė	124 45	¢27.64	Dor Unit
Rehabilitation	Hospital Outpatient	CPT	3/530	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	07525	Home Management Training	No	\$	68.89	Ś	_	Ś	109.03	\$32.79	Per Unit
nenabilitation	nospital Outpatient	CPI	2/335	Home Wanagement Hanning	INU	ş	00.03	Ą	-	Ģ	105.03	332.13	rei Ollit
Evaluation & Management Services	Professional Services	СРТ	99024	Postop follow-up visit	No	\$	_	Ś	_	\$	14.27	\$0.00	Per Unit
Evaluation & Management Services	Totessional services	CF I	33024	1 Ostop Iollow-up visit	140	٦	_	Y	-	٧	17.2/	Ş0.00	i ci onic
Evaluation & Management Services	Professional Services	СРТ	99202	Office Visit - New Patient, Minor	No	Ś	167.93	Ġ	90.34	\$	200.08	\$48.49	Per Unit
Evaluation & ividilagement services	i Torcasional aci VICES	CF I	33202	OTTICE VISIT - INCAN PATIETT, INTITION	140	7	107.33	7	50.54	7	200.00	770.47	i di Onit

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				Office Visit - New Patient, Low						4	
Evaluation & Management Services	Professional Services	CPT	99203	Complexity	Yes	\$ 182.0	5 \$	132.54	\$ 273.99	\$72.73	Per Unit
				Office Visit - New Patient,							
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99204	Moderate Complexity	Yes	\$ 250.6	9 \$	177.01	\$ 432.49	\$124.44	Per Unit
				New patient office of other							
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99205	outpatient visit, typically 60 min	Yes	\$ 448.0	4 S	156.38	\$ 553.76	\$162.60	Per Unit
			33200			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7202.00	
Fuelveties & Management Comices	Duefessional Comises	CDT	00343	Office Visit Books	81-	\$ 58.7		AC 41	\$ 133.24	¢24.72	Day Unit
Evaluation & Management Services	Professional Services	CPT	99212	Office Visit - Basic	No	\$ 58.7	+ >	46.41	\$ 133.24	\$24.72	Per Unit
				Office Visit - Established Patient,							
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99213	Low Complexity	No	\$ 99.6	7 \$	81.71	\$ 201.59	\$49.43	Per Unit
				Office Visit - Established Patient,							
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99214	Moderate Complexity	No	\$ 151.1	9 \$	140.90	\$ 279.47	\$76.23	Per Unit
				Office Visit - Established Patient,							
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99215	High Complexity	No	\$ 315.8	7 5	192.33	\$ 385.34	\$107.72	Per Unit
			33223			, ,			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7-0-11-	
Professional Services Associated											
	Duefessional Commisses	СРТ	00222	Subsequent hospital care	N	\$ 159.8		50.60	\$ 111.92	\$69.95	Day Unit
with Inpatient Stay	Professional Services	CPT	33232	Subsequent nospital care	No	\$ 155.6	5 <b>3</b>	50.00	3 111.52	\$09.95	Per Unit
				B. 11 . 150							
L				Patient office consultation,						40	
Evaluation & Management Services	Protessional Services	CPT	99243	typically 40 min	Yes	\$ 212.4	3 \$-		\$ 142.18	\$0.00	Per Unit
				Patient office consultation,							
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99244	typically 60 min	Yes	\$ 338.8	\$-		\$ 226.38	\$0.00	Per Unit
				Emergency Department Visit -							
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Minor (outpatient)	No	\$ 230.8	ıs	74.98	\$ 689.88	\$85.57	Case Rate
		1	55201	(outputter)		÷ 255.6	- +	250	+ 000.00	<b>400.07</b>	
				Emergency Department Visit - Low							
Empress Deam Minis	Hoositel Outputions	CDT	00303		N1 -	ć 430.0	م ا	02.53	ć 1.444.33	¢204.44	Cose Det-
Emergency Room Visit	Hospital Outpatient	CPT	99282	Complexity (outpatient)	No	\$ 430.3	5 >	93.52	\$ 1,114.22	\$201.14	Case Rate

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				Emergency Department Visit -									
<b>Emergency Room Visit</b>	Hospital Outpatient	CPT	99283	Moderate Complexity (outpatient)	No	\$	932.99	\$	182.62	\$	2,714.83	\$288.93	Case Rate
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	CPT	99284	Higher Complexity (outpatient)	No	\$	2,400.69	\$	270.43	\$	4,475.48	\$432.54	Case Rate
,								•				·	
				Emergency Department Visit - High									
Emergency Room Visit	Hospital Outpatient	СРТ	99285	Complexity (outpatient)	No	\$	3,149.91	Ś	458.20	\$	5,806.95	\$1,279.05	Case Rate
		C	33203	(cuspusions)	110	· ·	0,2 .0.02	<u> </u>		Ť	5,000.50	<del>+-,-,-,-,-,-</del>	
				Emergency Department Visit -									
Emergency Boom Visit	Hasnital Outpatiant	СРТ	00201	Critical Care (outpatient)	No	ć 1	7,860.61	ė	425.50	ć	6,308.07	\$1,723.05	Case Rate
Emergency Room Visit	Hospital Outpatient	CPI	99291	Critical Care (outpatient)	No	Ş I	7,000.01	Ş	423.30	Ą	0,308.07	\$1,725.05	Case Nate
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient,									
Evaluation & Management Services	Professional Services	CPT	99381	Younger than 1 Year Old	No	\$	156.75	\$	-	\$	225.38	\$0.00	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 1-									
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99382	4 Years Old	No	\$	163.82	\$	-	\$	236.91	\$0.00	Per Unit
				Office Visit - Comprehensive									
				<b>Preventive Medicine Evaluation</b>									
				and Management, New Patient, 5-									
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99383	11 Years Old	No	\$	170.96	\$	_	\$	413.46	\$0.00	Per Unit
, and the same of				Office Visit - Comprehensive		<u> </u>		-				<u> </u>	
				Preventive Medicine Evaluation									
				and Management, New Patient, 12-									
Evaluation & Management Services	Professional Services	СРТ	99384	17 Years Old	No	\$	193.58	Ś	_	\$	280.75	\$0.00	Per Unit
		J	33304	Office Visit - Comprehensive	.40	_		Ť		Ť	_50.75	70.00	
				Preventive Medicine Evaluation									
Evaluation & Management Comition	Professional Consissa	CDT	00305	and Management, New Patient, 18-	Voc	ė	107.00	ė	E0 33	ć	247.00	¢co cr	Dor Unit
Evaluation & Management Services	Professional Services	CPT	33385	39 Years Old	Yes	\$	187.80	Þ	59.23	Þ	347.60	\$68.65	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 40-									
<b>Evaluation &amp; Management Services</b>	Protessional Services	CPT	99386	64 Years Old	Yes	\$	217.32	Ş	91.72	Ş	1,293.56	\$91.72	Per Unit

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<u>Screec category</u>	<u>service setting</u>	турс	Couc	<u>Description</u>	<u>SCIVICE:</u>	Cusirricc	Charge	Charge	Charge	Estimate Type
				Office Mistr. Community and in-						
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
				and Management, Younger than 1						
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99391	Year Old	No	\$ 141.19	\$ -	\$ 267.83	\$0.00	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99392	and Management, 1-4 Years Old	No	\$ 150.93	s -	\$ 305.91	\$0.00	Per Unit
		C	33332	and management, 2 1 1 care ora		Ţ	*	7 000.02	70.00	
				Office Visit - Comprehensive						
				*						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	CPT	99393	and Management, 5-11 Years Old	No	\$ 150.44	\$ -	\$ 305.91	\$0.00	Per Unit
				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
<b>Evaluation &amp; Management Services</b>	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						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99395	and Management, 18-39 Years Old	No	\$ 168.81	\$ 37.07	\$ 304.60	\$37.07	Per Unit
		C	33333	and management, 20 00 10010 010		Ţ 100.01	<b>+</b> 0.10.	7 50 1150	ţo.i.c.	
				Office Visit - Comprehensive						
				-						
				Preventive Medicine Reevaluation					400	
Evaluation & Management Services	Professional Services	CPT	99396	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
		J	00001	. State of trasound	.10	Ţ 32,133.30	Ţ 11,272.30	÷ 11,2,2.30	Ψ11,272.30	- Case Hate
Vassinations	Hasnital Outpations	CDT	COOCC	Admin influenza virus vessire	N/ =	ć 70.4F	ė	ć 13C 0F	\$4C 3C	Dor Unit
Vaccinations	Hospital Outpatient	CPT	90008	Admin influenza virus vaccine	No	\$ 70.15	Ş -	\$ 126.95	\$46.26	Per Unit

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Service Category	Service Setting	Code Type	Code	Description	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	\$ -	\$ -	\$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	J <b>732</b> 5	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