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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	\$34,124.55	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	\$137,755.73	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	\$41,149.72	are paid by CPT/HCPCS
nospital inpatient stay	nospital inpatient	טאט	4/0	or complications (wice).	162	y 20,141.32	y 0,070.44	7 31,121.00	γ <del>-1</del> ,143.72	Cr 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	\$57,050.93	CPT/HCPCS

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		<u>Code</u>			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	Charge	<u>Charge</u>	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				HIP FEMUR PROCEDURES EXCEPT						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	480	MAJOR JOINT W MCC	No	\$ 69,180.99	\$ 12.375.85	\$ 48,933.51	\$106,432.30	CPT/HCPCS
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										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	\$70,232.51	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	\$56,868.14	CPT/HCPCS
	Troop. sai inputation		-102	The second state of the second		Ţ 30,304.23	÷ 0,7-13.73	÷ 57,752.23	+50,000.14	C/c. co
										Case Rate-
										Excluding
										Professional
										Charges which
				LOWER EXTREM HUMER PROC						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	493	EXCEPT HIP, FOOT, FEMUR W CC	No	\$ 45,467.21	\$ 9,438.20	\$ 41,283.64	\$69,949.56	CPT/HCPCS

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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
				LOWER EXTREM HUMER PROC						<b>Charges which</b>
				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	\$52,463.12	CPT/HCPCS
nospital inpatient stay	Hospital Inpatient	DKG	494	CC/ MCC	NO	3 34,101.03	\$ 7,420.74	3 43,000.23	332,403.12	CF1/HCFC3
										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	\$27,744.46	CPT/HCPCS
nospital inpatient Stay	nospital inpatient	DING	743	conditions of complications (wice)	163	ÿ 18,033.90	3,020.23	\$ 28,308.03	327,744.40	CF1/HCFC3
										Cons Data
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	MCC	No	\$ 16,643,21	\$ 4,255,93	\$ 31,015.82	\$25,604.94	CPT/HCPCS
							÷ .,255.55	+ 52,013.32	Ţ_5,504.54	2. 1, 1.2. 00
										Casa Pata
										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	\$19.910.55	CPT/HCPCS
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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	<u>Discounted</u> <u>Cash Price</u>	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	\$154,533.93	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	\$81,603.07	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	\$32,766.50	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	\$162,113.21	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

To Search for a service Click "CTRL"  + "F"  Code Service Category Service Setting Type Code Type Code Description  OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA Hospital Inpatient Stay  Hospital Inpatient  Maximum Negotiated Cash Price Charge Ch	
To Search for a service Click "CTRL"  + "F"  Code Service Category Service Setting  Code Type Code Description  Code Type Code Description  Code Service?  Code Description  Code Service?  Code Description  Code Service?  Code Charge  Charge Charge  Charge Charge  Charge C	nt We
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Service Category  Service Setting  Service Category  Service Setting  Service Category  Service Category  Service Setting  OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA  Required Shoppable Discounted Service? Cash Price Charge Charg	
Service Category  Service Setting  Service Setting  Service Category  Service Category  Service Setting  OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA  Required Shoppable Discounted Service? Cash Price Charge Ch	
MULTIPLE SIGNIFICANT TRAUMA	<u>ific</u> iated
MULTIPLE SIGNIFICANT TRAUMA	
	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA Hospital Inpatient Stay Hospital Inpatient DRG 958 W CC No \$ 73,933.71 \$ 17,182.69 \$ 125,000.00 \$113,	Case Rate- Excluding Professional Charges which are paid by 44.17 CPT/HCPCS
OTHER MULTIPLE SIGNIFICANT Hospital Inpatient Stay Hospital Inpatient DRG 964 TRAUMA W CC No \$ 34,761.85 \$ 6,123.35 \$ 50,000.00 \$53,4	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
VAGINAL DELIVERY W O.R. PROC  Maternity/Delivery Hospital Inpatient DRG 768 EXCEPT STERIL &/OR D&C No \$ 10,335.01 \$ 2,464.00 \$ 27,462.61 \$15,5	Case Rate- Excluding Professional Charges which are paid by

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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										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	\$18,331.11	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	\$15,292.92	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	\$13,828.11	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				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	\$19,532.72	CPT/HCPCS
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										Professional
										Charges which
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				CESAREAN SECTION W/O	1 _					are paid by
Maternity/Delivery	Hospital Inpatient	DRG	787	STERILIZATION W CC	No	\$ 11,322.59	\$ 2,835.00	\$ 27,868.32	\$17,419.37	CPT/HCPCS

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										Case Rate-
										Excluding
										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	\$14,809.59	CPT/HCPCS
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										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	\$2,154.00	CPT/HCPCS
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										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	\$19,670.36	CPT/HCPCS
, ,				·		. ,		, ,	. ,	,
										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	\$16,764.78	CPT/HCPCS
						-	-	-	-	
										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	\$16,181.59	CPT/HCPCS
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					Required		<u>Minimum</u>	Maximum	<u>Specific</u>	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional
										Charges which
				VACINIAL DELIVERY W/O						
8.6 - 4 - m - 14 - 7 D - 15 m -	Hamitaal Innations	DDC	000	VAGINAL DELIVERY W/O	B1 -	¢ 0.040.43	ć 2.464.00	ć 24.277.74	642.256.02	are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	806	STERILIZATION/D&C W CC	No	\$ 8,616.42	\$ 2,464.00	\$ 24,277.74	\$13,256.02	CP1/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	\$11,259.86	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital										are paid by
	Inpatient Rehabilitation Hospital	DDC	045	BEHARII ITATIONI W CC/MCC	Ne	N/A	¢ 14 FE2 00	\$ 14,553.00	NI/A	CPT/HCPCS
Stay	inpatient Renabilitation Hospital	DKG	945	REHABILITATION W CC/MCC	No	N/A	\$ 14,553.00	\$ 14,553.00	N/A	CP1/HCPC3
										C D :
										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			80% Charges	
						_			_	
						Estimated at			(Estimated at	5 5: 5
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per			\$3,603.01 Per	
Stay	Inpatient Rehabilitation Hospital	UB	118	Room & Board	No	Diem			Diem)	Day

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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
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										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
inpution stance reasons	inpution okinea reasing	Ditto	333	- The state of the	110	1974	7 10,010.00	7 10,010.00	N/A	Ci i/iici co
										Cons Boto
										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
impatient skinea itaising	inpution okinea reasing	DING	300		110	нул	ŷ 10)433.00	7 10,433.00	i i y z	Ci i/iici co
										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/mcc	No	N/A	\$ 7,474.00	\$ 7,474.00	N/A	CPT/HCPCS
		23	301	,,		,//	,17-1100	7 2,474.00	.915	.,
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										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	failure	No	N/A	\$ 74,931,49	\$ 74,931.49	Non-Par	CPT/HCPCS
		23	2.0103				+,552.75	+ 1,552175		
										Casa Bata
										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	Non-Par	CPT/HCPCS
July 1	Hoopital	DINO	210207	rentiator support > 50 flours	110	11/7	9 37,703.24	9 31,103.24	NOII-I ul	5. 1/1101 03

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					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Comitoe Cotonomi	Samilar Samilar		C- d-	December 1						Fathers Town
Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	Charge	<u>Charge</u>	Charge	Estimate Type
						70% Charges				
						(Estimated as				
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Long Term Care Intensive Care		\$6,047.26 per	\$1,040 Per	\$1,929 Per		Per Diem Per
Stay	Hospital	UB	200	Room & Board	No	diem)	Diem	Diem	Non-Par	Day
-										_
						52% Charges			80% Charges	
						Estimated at			(Estimated as	
Chilled Number Lunchisch Berne G										D D' D
Skilled Nursing Inpatient Room &						\$1,109.30 Per			\$1,706.61 Per	
Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	Diem	\$ 227.70	\$ 850.00	Diem)	Day
						52% Charges			80% Charges	
						Estimated at			(Estimated as	
Skilled Nursing Inpatient Room &				Subacute Care Level 2-		\$1,109.30 Per			\$1.706.61 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	192	Comprehensive Care	No	Diem	\$ 299.70	\$ 850.00	Diem)	Day
		00	132	l l l l l l l l l l l l l l l l l l l	140	2.0	<del>+</del> 25517 €	7 555.65	2.0,	
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						52% Charges			80% Charges	
						Estimated at			(Estimated as	
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	Diem)	Day
<b>Hospital Outpatient Procedure</b>	Hospital Outpatient	CPT	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	\$674.20	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$1,179.47	Case Rate
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Hospital Outpatient Presedura	Hospital Outpations	СРТ	17000	Dostruction of Losian (authorismt)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$1,154.50	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPI	1/000	Destruction of Lesion (outpatient)	140	\$ 1,131.70	φ 157.9Z	\$ 1,634.10	\$1,154.5U	case nate
									40.000.00	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	\$2,933.00	Case Rate

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
<u> </u>	<u></u>	- 1700		<u> </u>	<u> </u>	N/A No	<u>Gridinge</u>	<u> </u>	N/A No	200
				Removal of 1 or more breast		Service			Service	
Hannital Costantiant Burner done	Uital Outrations		40400					<u> </u>		C D-4-
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	\$1,697.58	Case Rate
<b>Hospital Outpatient Procedure</b>	<b>Hospital Outpatient</b>	CPT	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$8,816.14	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
	- Copinal Carpanent	C	23020		1.03	N/A No	<b>Y</b>	·	N/A No	
				Arthroceonic Knoo Surgery		Service			Service	
Hannital Costantiant Burner done	Uital Outrations	CDT	20004	Arthroscopic Knee Surgery	W			<u> </u>		C D-t-
Hospital Outpatient Procedure	Hospital Outpatient	CPT	29881	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	31575	Laryngoscopy - Diagnostic	No	\$ 449.87	\$ 135.86	\$ 1,978.02	\$619.85	Case Rate
<b>Hospital Outpatient Procedure</b>	<b>Hospital Outpatient</b>	CPT	32555	Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$10,184.26	Case Rate
						N/A No			N/A No	
				Tonsillectomy with Adenoidectomy		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	42820	(outpatient)	Yes	Volume	<b>\$</b> -	\$ -	Volume	Case Rate
	- Copinal Carpanent	-		(outpution)		7 0 1 0 1 1 1 1	<b>*</b>	·	70.0	
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Presedure	Hospital Outpatient	CDT	42225		Voc	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$3,665.53	Caso Pato
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45255	Diagnostic	Yes	2,027.21	φ 01.00	1,007.74	33,003.33	Case Rate
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	43239	With Biopsy	Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$5,578.79	Case Rate
				Colonoscopy - Diagnostic						
<b>Hospital Outpatient Procedure</b>	<b>Hospital Outpatient</b>	CPT	45378	(outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$3,579.29	Case Rate
				Colonoscopy - With Biopsy						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45380	(outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$3,637.46	Case Rate
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Service Category	Service Setting	туре	coue	Description	<u>Service:</u>	Casii Fiice	Charge	Charge	Charge	Estimate Type
				Colone Deline Deline Deline Deline Deline						
				Colonoscopy - With Polyp Removal					4	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45385	(outpatient)	Yes	\$ 3,317.89	\$ 354.50	\$ 4,434.15	\$3,899.78	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	\$17,372.89	Case Rate
	Trooping Curpuscit	C	47302	Can Diadaci Gaigery (Caspanenty	1.03	<del>+,</del>	<del>+</del>	<del>+ 10,0700</del>	<b>417,071.00</b>	000011010
			40440			A 2444.60		A 0.455.54	44 500 00	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$4,539.38	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	\$14,245.75	Case Rate
Hospital Outpatient Procedure	<b>Hospital Outpatient</b>	CPT	51798	Urine Capacity Measurement	No	\$ 97.04	\$ -	\$ 1,579.20	\$355.23	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$1,427.17	Case Rate
nospital Gatpatient Focedare	nospital outputient	Ci i	32000	Сузгозгору	140	Ų 1,175.22	<b>Q</b> 202.70	ÿ 1,550.52	<b>V</b> 1/427117	case nate
Hospital Outpatient Presedure	Hasnital Outpationt	CDT	EE700	Pioney of prostate gland	Voc	¢ 1165.04	¢ 204.70	¢ 2.621.04	¢1 167 22	Casa Pata
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	35/00	Biopsy of prostate gland	Yes	\$ 1,165.04			\$1,167.32	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>	<b>Hospital Outpatient</b>	CPT	58100	Biopsy - Endometrial (Uterus)	No	\$ 375.83	\$ 144.00	\$ 1,697.39	\$585.84	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58300	Insert intrauterine device	No	\$ 632.24	\$ 48.93	\$ 1,749.37	\$750.06	Case Rate
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Heavital Outrationt Brassitive	Heavital Outrations	CDT	E0204	Domestic introdutering device	Ne	ć 373.0F	ć 22.24	ć 1.40F.50	ć1 022 CE	Cose Deta
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58301	Remove intrauterine device	No	\$ 273.85	\$ 32.34	\$ 1,495.58	\$1,022.65	Case Rate

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Hospital Outpatient Procedure	Hospital Outpatient	CPT	59025	Fetal Non-Stress Test	No	\$	260.79	Ş	118.53	\$	1,596.22	\$841.90	Case Rate
L				Routine obstetric care for vaginal									
Professional Services Associated				delivery, including pre-and post-		١.		١.		١.			
with Inpatient Stay	Professional Services	СРТ	59400	delivery care	Yes	\$	4,496.21	\$	242.00	\$	3,278.48	\$3,196.13	Case Rate
Professional Services Associated	n ( ) 10 )						2 222 25		422.04		4 505 04	44 == 4 00	
with Inpatient Stay	Professional Services	СРТ	59410	Obstetrical care	No	\$	2,230.06	\$	133.91	\$	1,625.81	\$1,574.96	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	\$3,528.30	Case Rate
				Routine obstetric care for vaginal									
				delivery after prior cesarean									
Professional Services Associated				delivery including pre-and post-		١.		١.		١.			
with Inpatient Stay	Professional Services	СРТ	59610	delivery care	Yes	\$	4,706.58	\$	305.08	\$	3,429.34	\$3,344.99	Case Rate
				Injection of substance into spinal									
				canal of lower back or sacrum using						١.			
Hospital Outpatient Procedure	Hospital Outpatient	CPT	62322	imaging guidance	Yes	\$	1,055.18	\$	379.33	Ş	1,880.39	\$1,205.86	Case Rate
				Injection of substance into spinal									
				canal of lower back or sacrum using		١.		١.		١.			
Hospital Outpatient Procedure	Hospital Outpatient	CPT	62323	imaging guidance	Yes	\$	1,665.98	\$	305.01	\$	1,988.33	\$1,893.64	Case Rate
				Injections of anesthetic and/or									
				steroid drug into lower or sacral									
				spine nerve root using imaging						١.			
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	64483	guidance	Yes		1,776.21	Ş	358.46	\$	1,980.49	\$2,933.28	Case Rate
							N/A No					N/A No	
				Removal of recurring cataract in			Service					Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	66821	lens capsule using laser	Yes	+	Volume	\$	-	\$	-	Volume	Case Rate
							N/A No					N/A No	
				Removal of cataract with insertion			Service			١.		Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66984	of lens	Yes	١ ١	Volume	\$	-	\$	-	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	69210	Remove impacted ear wax	No	s	168.99	Ś	48.93	\$	1,604.78	\$466.23	Case Rate
		U 1	00210		140	7	200.00	۲	-0.55	۲	1,007.70	y-100.23	Case Hate

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Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	No	\$ 901.06	\$	127.22	\$	1,318.18	\$1,257.55	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	Yes	\$ 901.06	\$	127.22	\$	1,318.18	\$1,257.55	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	\$2,650.27	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$ 1,668.57	\$	127.52	\$	2,259.85	\$2,309.12	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70496	Ct angiography head	No	\$ 1,871.05	\$	223.05	\$	1,996.31	\$1,989.74	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$ 1,632.72	\$	223.05	\$	1,677.63	\$1,625.54	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$ 1,518.19	\$	252.20	\$	2,270.30	\$2,066.36	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$ 2,314.59	\$	406.50	\$	3,409.54	\$3,121.93	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$ 138.11	\$	19.91	\$	181.37	\$195.37	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$ 148.99	\$	31.50	\$	193.55	\$198.19	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$ 205.20	\$	38.07	\$	271.73	\$273.45	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$ 1,024.52	\$	141.11	\$	1,468.48	\$1,366.70	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	\$1,950.60	Per Unit
Radiology Services	Hospital Outpatient	CPT	71275	Ct angiography chest	No	\$ 1,935	65	\$ 226.19	\$ 2,092.27	\$2,069.43	Per Unit
Radiology Services	Hospital Outpatient	CPT	72040	X-Ray - Neck, Cervical Spine	No	\$ 154	.65	\$ 37.93	\$ 204.42	\$198.71	Per Unit
Radiology Services	Hospital Outpatient	CPT	72070	X-Ray - Middle Back, Thoracic Spine	No	\$ 251	.61	\$ 33.93	\$ 338.99	\$349.58	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	CPT	72100	X-Ray - Spine (outpatient)	No	\$ 199	.60	\$ 37.93	\$ 265.13	\$267.86	Per Unit
				X-Ray, lower back, minimum four							
Radiology Services	<b>Hospital Outpatient</b>	CPT	72110	views	Yes	\$ 213	.64	\$ 52.80	\$ 284.93	\$270.68	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	CPT	72125	Ct neck spine w/o dye	No	\$ 1,459	37	\$ 136.86	\$ 1,750.92	\$1,677.15	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	CPT	72126	Ct neck spine w/dye	No	\$ 1,293	16	\$ 260.86	\$ 1,821.59	\$1,708.42	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	CPT	72127	Ct neck spine w/o & w/dye	No	\$ 1,815	.93	\$ 201.73	\$ 2,118.48	\$1,952.33	Per Unit
Radiology Services	Hospital Outpatient	CPT	72129	Ct chest spine w/dye	No	\$ 1,520	66	\$ 199.82	\$ 1,805.90	\$1,690.49	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	CPT	72132	Ct lumbar spine w/dye	No	\$ 1,518	43	\$ 260.86	\$ 1,805.90	\$1,690.49	Per Unit
Radiology Services	Hospital Outpatient	CPT	72133	Ct lumbar spine w/o & w/dye	No	\$ 1,904	42	\$ 201.90	\$ 2,238.70	\$2,089.22	Per Unit
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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	<u>Casii Price</u>	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpationt	СРТ	721/11	MRI NECK SPINE W/O DYE	No	\$ 1,441.84	\$ 252.20	\$ 2,177.11	\$1,951.85	Per Unit
Radiology Services	Hospital Outpatient	CPT	/2141	WINTINECK SPINE W/O DTE	No	3 1,441.04	\$ 232.20	3 2,177.11	\$1,931.63	rei Ollit
Padialam, Sanisas	Hospital Outpationt	СРТ	721/10	MARL Rock (outnotiont)	Yes	\$ 1,381.13	\$ 252.20	\$ 2,137.12	\$1,857.01	Per Unit
Radiology Services	Hospital Outpatient	CPT	72140	MRI - Back (outpatient)	res	\$ 1,301.13	\$ 252.20	\$ 2,137.12	\$1,657.01	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$ 249.04	\$ 28.72	\$ 327.10	\$347.33	Per Unit
Radiology Services	Hospital Outpatient	CPT	72170	A-Nay - Felvis	NO	3 249.04	\$ 20.72	3 327.10	3347.33	rei Ollit
Dadialam: Camiasa	Heavital Outrations	CDT	72400	V DAY EVANA OF DELVIS		ć 200 F2	ć 20.00	\$ 264.73	¢200.04	Day Unit
Radiology Services	Hospital Outpatient	CPT	72190	X-RAY EXAM OF PELVIS	No	\$ 208.53	\$ 39.60	\$ 264.73	\$269.64	Per Unit
Dadialam: Camiasa	Heavital Outrations	CDT	72102	CT com make switch contract	Vee	ć 1 F2C 0C	ć 107.20	ć 2.142.0F	ć2 00C 20	Dou Huit
Radiology Services	Hospital Outpatient	СРТ	/2193	CT scan, pelvis, with contrast	Yes	\$ 1,536.96	\$ 197.29	\$ 2,142.05	\$2,086.20	Per Unit
Padialam, Sanisas	Hospital Outpationt	CDT	72107	MRI - Pelvis (outpatient)	No	\$ 2,448.72	\$ 402.71	\$ 3,522.33	\$3,003.05	Dor Unit
Radiology Services	Hospital Outpatient	CPT	/219/	iviki - Peivis (outpatient)	No	\$ 2,440.72	3 402.71	\$ 3,322.33	\$5,005.05	Per Unit
Dadialam: Camiasa	Heavital Outrations	CDT	72000	V vev even of celler bene	B1 -	ć 147.F0	ć 22.40	ć 10F.03	ć104.30	Dou Huit
Radiology Services	Hospital Outpatient	CPT	/3000	X-ray exam of collar bone	No	\$ 147.59	\$ 22.40	\$ 185.92	\$194.20	Per Unit
Padialam: Caminas	Heavital Outrations	СРТ	72010	V very excess of charildes blade	No	\$ 196.93	\$ 26.01	\$ 251.93	¢264.46	Don Huit
Radiology Services	Hospital Outpatient	CPT	/3010	X-ray exam of shoulder blade	No	\$ 196.93	\$ 26.01	\$ 251.93	\$264.46	Per Unit
Padialagy Sandicas	Hospital Outpations	CDT	72020	V Pay Shoulder (outpationt)	No	\$ 149.50	\$ 28.33	\$ 196.92	\$195.88	Por Unit
Radiology Services	Hospital Outpatient	СРТ	/5050	X-Ray - Shoulder (outpatient)	No	y 145.30	<i>γ</i> 20.33	130.32 پ	3133.00	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72060	X-RAY EXAM OF HUMERUS	No	\$ 147.62	\$ 29.40	\$ 195.82	\$194.20	Per Unit
Traditional Services	1103pitai Outpatielit	CPT	73000	A-NAT LAAW OF HOWERUS	INU	y 147.02	y 25.40	7 193.02	9±34.20	i ei Oiiit
Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$ 146.83	\$ 25.07	\$ 191.42	\$194.20	Per Unit
Tradiology Services	i iospitai Outpatielit	Cr'1	73070	A lay exam of cinow	140	7 140.05	y 25.07	7 131.42	9±54.20	i ei Oiiit
Radiology Services	Hospital Outpatient	СРТ	72000	X-RAY EXAM OF ELBOW	No	\$ 122.83	\$ 26.72	\$ 154.02	\$149.52	Per Unit
nautology services	nospital Outpatient	CFI	73000	A-RAT EXAMPLOF ELDOW	IVU	7 122.03	20.72	154.02 ب	3143.3Z	rer Unit

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Radiology Services	<b>Hospital Outpatient</b>	CPT	73090	X-RAY EXAM OF FOREARM	No	\$ 117.	10	\$ 26.40	\$ 151.	\$148.94	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	CPT	73110	X-Ray - Wrist (outpatient)	No	\$ 156.	52	\$ 30.72	\$ 196.	19 \$194.78	Per Unit
Radiology Services	Hospital Outpatient	CPT	73120	X-RAY EXAM OF HAND	No	\$ 192.	03	\$ 24.40	\$ 249.	73 \$263.35	Per Unit
				-		,				,	
Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	\$ 151.	54	\$ 32.72	\$ 198.	42 \$194.78	Per Unit
nadiology services	Trospital Gutputient	Ci i	75155	A Ruy Fland	110	ÿ 131.	-	32.72	<b>y</b> 130.	42 9254176	T CT OTHE
Radiology Services	Hospital Outpationt	СРТ	72221	MRI - Shoulder, Elbow, or Wrist	No	\$ 1,211.	22	\$ 246.65	\$ 1,702.	46 \$1,393.25	Per Unit
Radiology Services	Hospital Outpatient	CFI	73221	Wiki - Siloulder, Elbow, or Wrist	NO	3 1,211.	5 <u>2</u> .	240.03	3 1,702.	+0 31,393.23	rei Ollit
Padialam: Caminas	Heavital Outrations	CDT	72502	V Boy Him		\$ 129.		\$ 37.77	\$ 197.	01 6100 71	Don Huit
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$ 129.	30 .	37.77	\$ 197.	91 \$198.71	Per Unit
Radiology Services	Hospital Outpatient	CPT	73552	X-RAY EXAM OF FEMUR 2/>	No	\$ 150.	51 !	\$ 29.51	\$ 189.	38 \$195.37	Per Unit
								_			
Radiology Services	Hospital Outpatient	CPT	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$ 201.	92 !	\$ 32.40	\$ 266.	82    \$275.45	Per Unit
Radiology Services	Hospital Outpatient	CPT	73562	X-Ray - Knee (outpatient)	No	\$ 263.	50	\$ 36.52	\$ 351.	25 \$361.41	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	CPT	73590	X-ray exam of lower leg	No	\$ 239.	62	\$ 32.40	\$ 321.	48 \$337.42	Per Unit
Radiology Services	Hospital Outpatient	CPT	73600	X-RAY EXAM OF ANKLE	No	\$ 191.	55 3	\$ 31.98	\$ 278.	60 \$293.84	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73610	X-Ray - Ankle (outpatient)	No	\$ 239.	05	\$ 25.72	\$ 311.	14 \$326.57	Per Unit
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Service Category	Service Setting	Type	Code	Description	<u>Servicer</u>	Co	ish Price	CII	arge		Charge	<u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	72620	X-RAY EXAM OF FOOT	No	\$	196.24	ċ	29.81	\$	262.21	\$270.77	Per Unit
naulology Services	Hospital Outpatient	CPT	73020	X-RAT EXAMINITY FOOT	No	٦	150.24	Ą	23.01	Ą	202.21	3270.77	Per Offic
Padialogy Sansians	Hespital Outpatient	СРТ	72620	V Pay Fact (outnotiont)	No	\$	216.05	ė	33.95	\$	289.60	\$293.91	Per Unit
Radiology Services	Hospital Outpatient	CPT	73030	X-Ray - Foot (outpatient)	NO	ş	210.05	Ş	33.33	Ģ	203.00	\$295.91	Per Unit
Padialogy Sansians	Hespital Outpatient	CDT	72700	CT LOWER EXTREMITY W/O DVE	Na	\$	1 221 00	ė	124.01	ė	1,400.92	\$1,343.77	Per Unit
Radiology Services	Hospital Outpatient	CPT	/3/00	CT LOWER EXTREMITY W/O DYE	No	Ş	1,231.00	Ş	134.01	Ģ	1,400.92	\$1,545.77	Per Unit
Dadialam Camina	Heavital Outrations	CDT	72724	MADL Knoc (outmotiont)	V		1 224 22	,	246.65		1 020 20	Ć1 F00 03	Don Hait
Radiology Services	Hospital Outpatient	СРТ	/3/21	MRI - Knee (outpatient)	Yes	\$	1,224.32	Þ	246.65	Þ	1,828.36	\$1,588.83	Per Unit
Dedictor Comban	Hamital Cotton tions	CDT	74040	V Days Abdaman	N	_	445.64		20.24	,	400.76	Ć40E 27	Dan Haite
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$	145.61	<b>&gt;</b>	28.31	>	189.76	\$195.37	Per Unit
Padialam: Caminas	Heavital Outrations	СРТ	74450	Stablemen/a due	N	\$	077.64	,	142.20		1 446 00	ć1 252 22	Don Hait
Radiology Services	Hospital Outpatient	CPT	74150	Ct abdomen w/o dye	No	Ş	977.64	Ş	142.38	Ģ	1,446.99	\$1,352.22	Per Unit
Dedictor Comban	Hamital Cotton tions	CDT		Stabilization of Stabilization		_	4 024 40		207.00	,	2 4 4 4 20	Ć4 000 F4	Dan Haite
Radiology Services	Hospital Outpatient	СРТ	/41/0	Ct abdomen w/o & w/dye	No	\$	1,824.18	<b>&gt;</b>	207.86	>	2,144.29	\$1,999.54	Per Unit
				CT Cook Abdomes and Babia with									
				CT Scan - Abdomen and Pelvis, with		_	2 742 44	_	206 70		2 500 00	42.054.40	
Radiology Services	Hospital Outpatient	СРТ	/41//	Contrast	No	\$	2,748.11	\$	286.79	\$	3,568.86	\$3,861.40	Per Unit
				CT Commandation of the command									
De diele en Comitee				CT Scan - Abdomen and Pelvis, with	.,	,	2 740 44		206 70	,	2 500 00	ć2 0C4 40	Day Haits
Radiology Services	Hospital Outpatient	CPT	/41/7	Contrast	Yes	\$	2,748.11	Þ	286.79	Þ	3,568.86	\$3,861.40	Per Unit
Dadialam Camina	Heavital Outpating	CDT	74225	V many years described		,	204.40	,	FC 30	,	FC2 74	ĆE00 30	Don Huit
Radiology Services	Hospital Outpatient	СРТ	/4220	X-ray xm esophagus 1cntrst	No	\$	394.10	<b>&gt;</b>	56.38	Þ	563.71	\$599.39	Per Unit
De diele ve Comitee		CDT	74270	V	N	_	F24 72		70.26	,	F70.04	écaa cc	Dan Haite
Radiology Services	Hospital Outpatient	СРТ	/4270	X-ray xm colon 1cntrst std	No	\$	521.72	\$	79.34	\$	578.01	\$633.66	Per Unit
		on-				_	202.2	_			202.25	44.00 0=	5
Radiology Services	Hospital Outpatient	CPT	75571	Ct hrt w/o dye w/ca test	No	\$	306.04	Ş	59.00	\$	323.39	\$163.27	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	\$377.70	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	CPT	76642	Ultrasound - Breast (outpatient)	No	\$	152.68	\$ 78.52	\$ 249.30	\$234.15	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$	361.43	\$ 91.69	\$ 433.80	\$397.38	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$	327.93	\$ 46.05	\$ 372.20	\$379.42	Per Unit
Radiology Services	nospital outpatient	CFI	70703	Oltrasouna - Abuoniniai, Linnteu	NO	7	327.33	7 40.03	3 372.20	3373.42	reronit
Matamity/Daliyamy	Heavital Outrations	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$	450.50	ć 7C.F4	\$ 400.80	¢201.20	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	70770	OS EXAMI ABDO BACK WALL COMP	No	ş	456.58	\$ 76.54	\$ 400.80	\$391.20	Per Unit
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Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$	391.57	\$ 86.65	\$ 396.27	\$411.39	Per Unit
				Ultrasound - Pregnancy							
Radiology Services	Hospital Outpatient	CPT	76805	(outpatient)	Yes	\$	367.73	\$ 100.36	\$ 437.10	\$411.39	Per Unit
						١.					
Maternity/Delivery	Hospital Outpatient	CPT	76811	OB US DETAILED SNGL FETUS	No	\$	522.04	\$ 198.65	\$ 587.50	\$482.37	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76815	OB US LIMITED FETUS(S)	No	\$	309.95	\$ 54.75	\$ 384.30	\$384.45	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	CPT	76816	Ultrasound - Pregnancy Follow-Up	No	\$	406.54	\$ 64.37	\$ 384.30	\$400.14	Per Unit
Maternity/Delivery	<b>Hospital Outpatient</b>	CPT	76818	FETAL BIOPHYS PROFILE W/NST	No	\$	476.50	\$ 82.20	\$ 387.27	\$415.82	Per Unit
-											
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$	407.39	\$ 97.44	\$ 398.34	\$393.97	Per Unit
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Padialogy Convices	Hospital Outpatient	CDT	70021	MIDDLE CEREBRAL ARTERY ECHO	No	\$ 3	370.14	\$ 88.69	\$ 391.69	\$388.08	Per Unit
Radiology Services	nospital Outpatient	CPT	70821	WIIDDLE CEREBRAL ARTERT ECHO	No	a c	370.14	\$ 66.03	\$ 391.09	3300.00	Per Offit
				Ultrasound - Transvaginal (non-							
Radiology Services	Hospital Outpatient	CPT	76830	maternity)	Yes	\$ 4	175.43	\$ 98.63	\$ 463.90	\$387.79	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	CPT	76856	Ultrasound - Pelvic (outpatient)	No	\$ 3	344.00	\$ 70.34	\$ 408.50	\$387.28	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$ 5	546.40	\$ 107.57	\$ 501.03	\$467.97	Per Unit
		<u> </u>						7	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 101 101	
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$ 3	383.79	\$ 135.81	\$ 629.70	\$589.13	Per Unit
naulology Services	nospital outpatient	CFT	77000	Walling apily of both breasts	163	7 .	303.73	7 133.61	\$ 025.70	3363.13	reronit
Radiology Services	Hospital Outpatient	CPT	77067	Mammogram (outpatient)	Yes	\$ 4	106.73	\$ 109.22	\$ 504.02	\$471.16	Per Unit
Radiology Services	<b>Hospital Outpatient</b>	CPT	77080	Bone Density Scan (outpatient)	No	\$ 2	247.25	\$ 56.29	\$ 393.45	\$265.67	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$ 1	116.84	\$ 33.80	\$ 171.64	\$151.98	Per Unit
<u> </u>				27.							
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$ 1,0	010.04	\$ 336.74	\$ 2,091.45	\$926.40	Per Unit
		C. 1	70432	, osaraiai imagnig (oatpatient)	140	Ψ 1,0	0.04	- 330.74	- 2,031.43	Ç320.40	. c. ct
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Laboratory & Pathology Services	Hospital Outpatient	CPT	80048	Blood Test - Basic Metabolic Panel	Yes	\$ 1	158.03	\$ 11.84	\$ 221.33	\$251.01	Per Unit
				Blood Test - Comprehensive		1.					
Laboratory & Pathology Services	Hospital Outpatient	CPT	80053	Metabolic Panel	Yes	\$	93.73	\$ 14.78	\$ 136.89	\$154.04	Per Unit

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
						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		Yes	Volume	Volume	Volume	Volume	Per Unit
Laboratory & Pathology Services	nospital outpatient	CFI	80033	ranei	Tes	Volume	Volume	Volume	Volume	rei Oilit
				Blood Took Chalestons Took 11 11					1	
				Blood Test - Cholesterol Test, Lipid					4	
Laboratory & Pathology Services	Hospital Outpatient	CPT	80061	Panel	Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$71.51	Per Unit
				Blood Test - Renal (Kidney)						
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	80069	Function Panel	Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$34.59	Per Unit
				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$233.38	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	20207	Drug test prsmv chem anlyzr	No	\$ 128.65	\$ 55.93	\$ 199.53	\$197.92	Per Unit
Laboratory & Fathology Services	nospital outputient	Ci i	00307	Drug test promy enem amyzr	140	N/A No	N/A No	N/A No	N/A No	T CT OTHE
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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	<b>Hospital Outpatient</b>	CPT	81001	Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$38.67	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$11.14	Per Unit
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$11.36	Per Unit
		-	51000		103	+ 25140	, J.10	÷ 11.23	7-2	
Laboratori & Dathalami Carrilla	Heavital Outrations	CDT	01035	Union Test Description	NI-	ć 40.07	ć 10.45	ć 50.30	¢CA CE	Dou Huit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$64.65	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$63.11	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$290.38	Per Unit
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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash I	rice	Charge	<u>Charge</u>	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	82330	Assay of calcium	No	\$	35.11	\$ 12.31	\$ 67.00	\$54.02	Per Unit
							$\exists$				
Laboratory & Pathology Services	Hospital Outpatient	CPT	82375	Assay carboxyhb quant	No	\$ 1	14.13	\$ 11.09	\$ 153.64	\$175.59	Per Unit
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Laboratory & Dathology Comices	Hospital Outpationt	СРТ	02465	Assay bld /sarum shalastaral	Na	\$	15.28	\$ 3.92	\$ 23.76	\$23.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPI	82405	Assay bld/serum cholesterol	No	ş	15.20	3 3.32	\$ 25.76	\$25.50	Per Offit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82550	Assay of ck (cpk)	No	\$	12.70	\$ 5.86	\$ 35.53	\$19.54	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82552	Assay of cpk in blood	No	\$	26.14	\$ 12.05	\$ 75.41	\$40.22	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	92565	Assay of creatinine	No	\$ 1	124.50	\$ 7.17	\$ 70.25	\$79.12	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	82303	Assay of creatiline	NO	, .	124.30	7.17	7 70.23	373.12	rei oiiit
				DI 17 1 17 1 D 40							
				Blood Test - Vitamin B-12		١.					
Laboratory & Pathology Services	Hospital Outpatient	CPT	82607	(Cyanocobalamin) Level	No	\$	29.40	\$ 13.57	\$ 82.73	\$45.23	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	82610	Cystatin c	No	\$ 1	140.40	\$ 14.17	\$ 405.00	\$216.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82668	Assay of erythropoietin	No	\$	36.68	\$ 16.91	\$ 99.20	\$56.43	Per Unit
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Laboratoria 9 Doth-laws Cared	Heavital Outrations	CDT	02070	Account actualist		,	F4 F4	6 25.45	6 453.33	602.00	Don Huit
Laboratory & Pathology Services	Hospital Outpatient	CPT	826/0	Assay of estradiol	No	\$	54.51	\$ 25.15	\$ 152.33	\$83.86	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82693	Assay of ethylene glycol	No	\$	20.29	\$ 13.41	\$ 40.08	\$31.22	Per Unit
							$\exists$				
				<b>Blood Test - Ferritin (Blood Protein)</b>							
Laboratory & Pathology Services	Hospital Outpatient	CPT	82728	Level	No	\$	33.53	\$ 19.09	\$ 96.63	\$62.71	Per Unit
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Service Category	Service Setting	Type	Code	Description	Services	Casii Price		Charge	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	82746	Blood Test - Folic Acid Level	No	\$ 37.7	5 \$	13.23	\$ 79.52	\$58.08	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	82803	Blood gases any combination	No	\$ 73.4	0 \$	20.17	\$ 106.16	\$112.92	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 34.0	4 5	5.51	\$ 49.42	\$55.59	Per Unit
Editional of a factorious services	Trospital Gatpatient	CII	02347	rissay gracese sreet quarre	140	ÿ 5410		3.31	y 43142	<b>733.33</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	\$69.91	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83018	Heavy metal quant each nes	No	\$ 172.9	7 \$	19.76	\$ 498.96	\$266.11	Per Unit
				Blood Test - Blood Glucose Control							
Laboratory & Pathology Services	Hospital Outpatient	CPT	83036	(Hemoglobin A1C)	No	\$ 71.2	7 \$	8.74	\$ 95.94	\$109.65	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	02000	Assay of histamine	No	\$ 75.8	۸ e	26.58	\$ 218.76	\$116.67	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	83088	Assay of filstaffille	INO	7 73.0	7	20.30	Ş 210.70	Ş110.07	reronit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83518	Immunoassay dipstick	No	\$ 147.0	9 \$	6.55	\$ 424.29	\$226.29	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83540	Blood Test - Iron Level	No	\$ 51.9	0 \$	9.06	\$ 75.77	\$85.12	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$ 27.4	4 \$	10.41	\$ 58.05	\$42.21	Per Unit
				-	-		Ť				
				Blood Test - Lipase (fat enzyme)							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690		No	\$ 69.4	7 S	6.20	\$ 93.51	\$106.87	Per Unit
Laboratory & Fathology Services	1103pitai Outpatielit	CF I	03030	LCVCI	140	y 09.4	, 3	0.20	y 55.51	\$100.07	i ei oiiit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	83735	Assay of magnesium	No	\$ 53.8	2   \$	9.38	\$ 78.56	\$88.25	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	83880	Assay of natriuretic peptide	No	\$ 172.55	\$ 35.33	\$ 232.27	\$265.46	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84100	Assay of phosphorus	No	\$ 61.73	\$ 6.64	\$ 87.67	\$99.11	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84132	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$70.52	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	84132	Assay of serum potassium	No	\$ 43.23	\$ 6.66	\$ 62.65	\$70.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 52.59	\$ 18.77	\$ 96.68	\$80.90	Per Unit
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				Blood Test - Prostate Specific						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84153	Antigen (PSA) Level	Yes	\$ 74.21	\$ 25.75	\$ 116.68	\$129.14	Per Unit
		G	0.1200			*	,	,	7-20121	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	9/15/	PSA (prostate specific antigen)	Yes	\$ 106.34	\$ 16.55	\$ 143.15	\$163.60	Per Unit
Education y Can demology Services	Trospital Outputient	Ci i	04134	i sit (prostate specific artigeri)	103	Ţ 100.54	7 10.55	ÿ 145115	<b>V100.00</b>	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	СРТ	0/102	Protein western blot test	No	\$ 382.72	\$ 18.76	\$ 588.80	\$588.80	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	04102	Protein western blot test	140	302.72	J 18.70	3 388.80	<b>7388.80</b>	reronic
Laboratory & Bathology Comises	Hospital Outpatient	CDT	9/205	Assay of sorum sodium	No	¢ 42.10	\$ 4.33	\$ 56.67	\$64.77	Por Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	04235	Assay of serum sodium	No	\$ 42.10	ş 4.33	\$ 56.67	304.77	Per Unit
				Die od Test. Thumsuine (Thumsi'i						
				Blood Test - Thyroxine (Thyroid		A	4 042		4404.05	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Chemical) Level, Free	No	\$ 66.21	\$ 8.12	\$ 89.13	\$101.86	Per Unit
				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	No	\$ 64.07	\$ 23.52	\$ 119.09	\$111.22	Per Unit
				Blood Test - Thyroid Stimulating						
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Hormone (TSH) Level	Yes	\$ 64.07	\$ 23.52	\$ 119.09	\$111.22	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	84480	Assay triiodothyronine (t3)	No	\$ 96.3	1 \$	12.76	\$ 129.65	\$148.17	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84484	Assay of troponin quant	No	\$ 81.7	0 \$	10.26	\$ 121.45	\$125.69	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	9/702	Chorionic gonadotropin test	No	\$ 125.7	7 ¢	11.54	\$ 169.31	\$193.50	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	04702	Chononic gonadotrophi test	NO	\$ 123.7	, ,	11.54	3 105.51	\$133.30	rei oiiit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	85014	Hematocrit	No	\$ 26.9	5 \$	2.13	\$ 36.27	\$41.46	Per Unit
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	CPT	85025	Count and Automated WBC	Yes	\$ 77.9	8 \$	10.88	\$ 112.06	\$126.29	Per Unit
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85027	Count (Hemoglobin)	Yes	\$ 60.7	9 \$	5.82	\$ 81.83	\$93.52	Per Unit
Laboratory at ratheredy services	Troopital outputient	Ci i	03027	Count (Hemographi)	103	<b>y</b> 00.7	7	5102	Ψ 01.03	<b>733.32</b>	T CT OTHE
				St. 6			_   _	45.44	A 05.55	470.70	
Laboratory & Pathology Services	Hospital Outpatient	CPT	85240	Clot factor viii ahg 1 stage	No	\$ 45.9	7 \$	16.11	\$ 95.56	\$70.72	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85378	Fibrin degrade semiquant	No	\$ 53.5	7 \$	7.44	\$ 72.11	\$82.42	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	85610	Blood Test - Clotting Time	Yes	\$ 44.8	1 \$	6.01	\$ 64.27	\$72.47	Per Unit
		1		_							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85612	Russell viper venom diluted	No	\$ 24.6	1 5	8.24	\$ 70.98	\$37.86	Per Unit
Laboratory & Fathology Services	Trospital Outputient	51.1	33013	Table Viper Venoni unuccu	140	24.0	- 7	0.24	7 70.30	737.00	. c. ome
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$ 53.3	2 \$	4.96	\$ 71.77	\$82.02	Per Unit
				Blood Test - Coagulation							
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	85730	Assessment	Yes	\$ 46.0	1 \$	5.41	\$ 61.94	\$70.78	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	85732	Thromboplastin time partial	No	\$ 12.	63	\$ 5.82	\$ 36.42	\$19.42	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86140	C-reactive protein	No	\$ 48.	49	\$ 4.66	\$ 65.28	\$74.60	Per Unit
				·				-			
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86360	T cell absolute count/ratio	No	\$ 65.	00	\$ 42.28	\$ 211.59	\$100.00	Per Unit
Laboratory & Factionogy Scretces	nospital outputient	Ci i	80300	T cell absolute county ratio	140	ÿ 03.	-	7 42.20	7 211.55	7100.00	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	CPT	86361	T cell absolute count	No	\$ 132.	78	\$ 24.10	\$ 383.03	\$204.28	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86431	Rheumatoid factor quant	No	\$ 52.	70	\$ 5.10	\$ 70.95	\$81.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$ 37.	81	\$ 3.84	\$ 50.90	\$58.18	Per Unit
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Laboratory & Dathology Convices	Hospital Outpatient	СРТ	00503	Syphilis test non-trep qual	N.	\$ 37.	81	\$ 3.84	\$ 50.90	\$58.18	Per Unit
Laboratory & Pathology Services	nospital Outpatient	CPT	80592	Syphilis test non-trep quai	No	\$ 37.	01	3 3.04	\$ 50.90	\$30.10	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86611	Bartonella antibody	No	\$ 57.	37	\$ 9.16	\$ 165.50	\$88.26	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86615	Bordetella antibody	No	\$ 25.	74	\$ 11.87	\$ 81.45	\$39.60	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86651	Encephalitis californ antbdy	No	\$ 25.	74	\$ 11.87	\$ 110.13	\$39.60	Per Unit
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Laboratory & Dathology Comices	Hospital Outpations	СРТ	96652	Encophaltic pact cano anhay	No	\$ 25.	74	\$ 11.87	\$ 110.13	\$39.60	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80032	Encephaltis east eqne anbdy	INU	<b>ў 25.</b>	/4	φ 11.8/	ş 110.13	333.00	rei Ullit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86653	Encephaltis st louis antbody	No	\$ 25.	74	\$ 11.87	\$ 110.13	\$39.60	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86654	Encephaltis west eqne antbdy	No	\$ 25	74	\$ 11.87	\$ 110.	13 \$39.60	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86663	Epstein-barr antibody	No	\$ 25	60	\$ 11.81	\$ 83.	21 \$39.38	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	86677	Helicobacter pylori antibody	No	\$ 30	68	\$ 15.13	\$ 63.	03 \$47.20	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86692	Hepatitis delta agent antbdy	No	\$ 29	16	\$ 15.44	\$ 50.	98 \$44.86	Per Unit
	Тоориан о и организм		00032	Tropustion delta agent antibay	110	·		<del>*</del>	<del>,</del>	, , , , , , , , , , , , , , , , , , ,	
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86698	Histoplasma antibody	No	\$ 79	65	\$ 12.41	\$ 107.	23 \$122.54	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86704	HEP B CORE ANTIBODY TOTAL	No	\$ 86	11	\$ 10.85	\$ 115.	92 \$132.48	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	86705	HEP B CORE ANTIBODY IGM	No	\$ 22.	98	\$ 10.59	\$ 57.	\$35.35	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$ 98	98	\$ 9.67	\$ 133.	25 \$152.28	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86707	Hepatitis be antibody	No	\$ 22	56	\$ 10.41	\$ 65.	09 \$34.71	Per Unit
Laboratory & Fathology Services	Trospital Outputient		30707	ricpatitis be untibody	140	7 22	30	y 10.41	y 05.	754.71	. Cr Onic
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$ 22	71	\$ 11.15	\$ 56.	71 \$34.94	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86762	Rubella antibody	No	\$ 78	19	\$ 12.95	\$ 225.	56 \$120.30	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86765	Rubeola antibody	No	\$ 25	14	\$ 11.59	\$ 72.	\$38.68	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	\$79.20	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$38.68	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	\$104.06	Per Unit
Laboratory & Patriology Services	Hospital Outpatient	CPI	00003	Level	INO	3 07.04	3 12.04	3 31.00	3104.00	rei Ollit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$35.53	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$31.26	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$376.50	Per Unit
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			00000	B		400.00	4 2 70	4 257.00	4205.44	
Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$306.14	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$306.14	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$92.68	Per Unit
		1							-	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$92.68	Per Unit
Laboratory & Fathology Services	nospital Outpatient	GF I	30301	blood typing serologic in(d)	140	9 00.24	y 3.76	y 51.10	732.00	i ci onic
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$ 4.84	\$ 383.37	\$8.95	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 13.44	\$ 344.22	\$376.50	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	87040	Blood culture for bacteria	No	\$	133.90	\$ 9.29	\$ 180.25	\$206.00	Per Unit
										1	
<b>Laboratory &amp; Pathology Services</b>	<b>Hospital Outpatient</b>	CPT	87070	Bacterial Culture - Swab	No	\$	138.63	\$ 7.76	\$ 186.61	\$213.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$	60.43	\$ 7.27	\$ 81.35	\$92.98	Per Unit
Editional of a control of a control of	Troopital outputient	Ci i	07077	Test for Disease-Causing	140	Ψ	001-13	y ,,,,,	ÿ 02.05	ψ3 <b>2</b> .30	T CI OIIIC
				(Pathogenic) Organisms, Not						4.0.0	
Laboratory & Pathology Services	Hospital Outpatient	CPT	87081	Limited to a Specific Condition	No	\$	81.17	\$ 5.97	\$ 109.26	\$124.87	Per Unit
				Urine Test - Bacterial Culture,							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87086	Quantitative Colony Count	No	\$	82.16	\$ 7.26	\$ 110.60	\$126.40	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87088	Urine Test - Bacterial Culture	No	\$	15.80	\$ 7.28	\$ 43.86	\$24.31	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	97110	Chlamydia culture	No	\$	130.74	\$ 17.64	\$ 175.99	\$201.14	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFI	8/110	Cilialityula culture	NO	7	130.74	ÿ 17.0 <del>4</del>	3 173.33	<b>J201.14</b>	reronic
				5 1 11 60 11 1 11 15							
				Evaluation of Antimicrobial Drug							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87186	(antibiotic, antifungal, antiviral)	No	\$	69.16	\$ 7.79	\$ 93.10	\$106.40	Per Unit
Laboratory & Pathology Services	<b>Hospital Outpatient</b>	CPT	87205	Lab Test - Smear for Microorganism	No	\$	49.93	\$ 3.84	\$ 67.21	\$76.81	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	\$97.77	Per Unit
,		1			***	i -					
				Lab Test - Detection test for HIV-1							
Laboratory & Pathology Convices	Hospital Outpations	СРТ	97200	and HIV-2	No	\$	110.43	\$ 21.67	\$ 148.66	\$169.90	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CF1	0/303	and my-2	IVU	٦	110.43	y 21.0/	y 140.00	3103.30	rei Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	87425	Rotavirus ag ia	No	\$	37.44	\$ 10.78	\$ 108.00	\$57.60	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	8/491	Urine Test - Chlamydia	No	\$	108.43	\$ 31.58	\$ 171.03	\$166.82	Per Unit
				Urine Test - Gonorrhoeae							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$	90.13	\$ 31.58	\$ 171.03	\$138.66	Per Unit
				87635 - SARS-COV-2 COVID-19							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87635	AMP PRB	No	\$	53.36	\$ -	\$ 136.48	\$ \$82.10	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	97709	Detect agent nos dna amp	No	\$	90.13	\$ 31.58	\$ 171.03	\$138.66	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	87736	Detect agent nos una amp	NO	Y	30.13	3 31.38	7 1/1.0.	3138.00	reronic
				Lab Test - Detection test for							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87804	Influenza Virus	No	\$	37.58	\$ 19.82	\$ 70.50	\$74.48	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87880	Strep Test (Streptococcus, group A)	No	\$	101.56	\$ 19.87	\$ 143.48	\$ \$160.19	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	88185	Flowcytometry/tc add-on	No	\$	68.81	<b>\$</b> -	\$ 120.30	\$105.86	Per Unit
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				Immunization Administration First							
Vaccinations	Physician Office	CPT	90460	Component	No	\$	40.10	\$ 11.68	\$ 75.93	\$21.50	Per Unit
Vassinations	Dhysisian Office	CDT	00466	Immunization Administration Each	NI-	\$	25 42	ć 10.40	ć 20 F	610.24	Dor Unit
Vaccinations	Physician Office	CPT	90461	Additional Component	No	>	25.13	\$ 10.49	\$ 38.51	\$19.31	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90471	Immunization Administration	No	\$	44.49	\$ 7.02	\$ 81.80	\$89.94	Per Unit
				Immunization Administration Each							
Vaccinations	Hospital Outpatient	СРТ	90472	Additional Component	No	\$	12.56	\$ -	\$ 38.51	\$38.64	Per Unit
Vaccinations	Hospital Outpatient	СРТ	90651	9V HPV Vaccine 2/3 Dose	No	Ś	142.32	\$ 9.56	\$ 227.93	\$218.96	Per Unit
vaccillations	nospital Outpatient	CF1	20021	SV HEV VACCINE 2/3 DUSE	IVU	P	142.32	الاد. ت الاد. ت	221.93	9210.JU	reronit

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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
				Vaccine - Pneumococcal Conjugate					_	
Vaccination	Hospital Outpatient	CPT	90670	for Injection into Muscle	No	\$ 285.59	\$ 9.56	\$ 345.21	\$207.65	Per Unit
				Vaccine - Tetanus, Diptheria						
				Toxoids, and Acellular Pertussis						
			0074-	(Whooping Cough) for Injection					400.00	
Vaccination	Hospital Outpatient	СРТ	90715	into Muscle	No	\$ 57.74	\$ -	\$ 77.73	\$88.83	Per Unit
Evaluation & Management Services	Drofossional Convisos	СРТ	00701	Psychiatric Diagnostic Evaluation	No	\$ 308.81	\$ 118.93	\$ 198.74	\$198.74	Per Unit
Evaluation & Management Services	Professional Services	CPI	90/91	Psychiatric Diagnostic Evaluation	NO	\$ 506.61	\$ 116.95	3 196.74	\$190.74	Per Offit
Evaluation & Management Services	Professional Services	СРТ	00022	Psychotherapy - 30 Minutes	Yes	\$ 88.03	\$ 57.92	\$ 99.25	\$99.25	Per Unit
Evaluation & Management Services	Professional Services	CFI	30832	r sychotherapy - 30 will ates	163	3 88.03	3 37.32	3 33.23	<b>333.23</b>	rei oiiit
Evaluation & Management Services	Professional Services	СРТ	90834	Psychotherapy - 45 Minutes	Yes	\$ 116.77	\$ 77.37	\$ 132.34	\$132.34	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	\$198.22	Per Unit
, and the second						N/A No		N/A No	N/A No	
						Service		Service	Service	
<b>Evaluation &amp; Management Services</b>	<b>Professional Services</b>	CPT	90846	Family psytx w/o pt 50 min	Yes	Volume	\$ -	Volume	Volume	Per Unit
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	90847	Psychotherapy - Family Session	Yes	\$ 146.15	\$ 97.13	\$ 166.18	\$166.18	Per Unit
						N/A No		N/A No	N/A No	
						Service		Service	Service	
Evaluation & Management Services	Professional Services	CPT	90853	Psychotherapy - Group Session	Yes	Volume	\$ -	Volume	Volume	Per Unit
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$ 52.00	\$ 17.40	\$ 251.43	\$80.00	Per Unit
				er						
			00000	Electrocardiogram, routine, with					405.55	
Medicine Cardiovascular	Professional Services	СРТ	93000	interpretation and report	Yes	\$ 36.27	\$ 28.12	\$ 95.52	\$25.42	Per Unit
Madising Other	Hassital Outretions	CDT	02007	Floatus saudio avene (FCC ou FVC)	N-	6 142.20		ć 20F.20	Ć17F 24	Don Unit
Medicine Other	Hospital Outpatient	CPT	93005	Electrocardiogram (ECG or EKG)	No	\$ 142.29	\$ -	\$ 295.26	\$175.31	Per Unit

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Service Category	Service Setting	Type	Code	Description	Service?	C	ash Price	9	Charge		Charge	Charge	Estimate Type
Medicine Cardiac Stress Test	<b>Hospital Outpatient</b>	CPT	93017	CARDIOVASCULAR STRESS TEST	No	\$	471.40	\$	61.00	\$	634.57	\$725.22	Per Unit
Medicine Other	Hospital Outpatient	CPT	93306	Tte w/doppler complete	No	\$	1,404.83	\$	322.26	\$	1,593.05	\$1,534.01	Per Unit
				Insertion of catheter into left heart									
Hospital Outpatient Procedure	Hospital Outpatient	CPT	93452	for diagnosis	Yes	\$	8,847.45	\$	579.93	\$	12,920.92	\$12,521.83	Case Rate
Medicine Other	Hospital Outpatient	CPT	93971	Extremity study	No	\$	240.64	\$	92.64	\$	400.67	\$368.24	Per Unit
Medicine Other	Hospital Outpatient	CPT	95044	Allergy patch tests	No	\$	189.82	\$	-	\$	1,229.53	\$292.02	Per Unit
							N/A No		N/A No		N/A No	N/A No	
Medicine Neurology and							Service	l	Service		Service	Service	
Neuromuscular	Hospital Outpatient	CPT	95810	Sleep study	Yes	'	Volume	١	/olume		Volume	Volume	Per Unit
Injections	Hospital Outpatient	CPT	96402	Chemo hormon antineopl sq/im	No	\$	110.26	\$	66.86	\$	196.20	\$216.40	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	\$48.10	Per Unit
Medicine Physical Medicine and				Physical Therapy - Ultrasound								***	
Rehabilitation	Hospital Outpatient	CPT	97035	Therapy	No	\$	26.92	\$	11.95	\$	40.29	\$41.41	Per Unit
Bandiston Discount of Bandiston				Physical Theorem 71									
Medicine Physical Medicine and	Hamital Outrati		07111	Physical Therapy - Therapeutic		_	00.71	,	47.46	,	440.40	6426 =2	Des Heir
Rehabilitation	Hospital Outpatient	CPT	97110	Exercises	Yes	\$	88.74	\$	17.40	\$	119.46	\$136.53	Per Unit
agadista - Dhastad agadista				Discolarity Norman									
Medicine Physical Medicine and			07440	Physical Therapy - Neuromuscular		_	50.00	_	25.44		404.70	4407.50	
Rehabilitation	Hospital Outpatient	СРТ	9/112	Reeducation	No	\$	69.93	\$	26.14	\$	104.78	\$107.58	Per Unit
agadista - Dhastad agadista													
Medicine Physical Medicine and	Hespital Output :	CDT	07446	CALT TO AINING THE PARY		٠	77.00	,	22.00	Ļ	104.40	6110.40	Don Huit
Rehabilitation	Hospital Outpatient	CPT	97116	GAIT TRAINING THERAPY	No	\$	77.61	<b>&gt;</b>	22.90	\$	104.48	\$119.40	Per Unit

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Madicina Physical Madicina and											
Medicine Physical Medicine and						A		22.72	<b>.</b>	405.45	
Rehabilitation	Hospital Outpatient	CPT	97140	Physical Therapy - Manual Therapy	No	\$ 56.20	) \$	23.73	\$ 93.92	\$86.46	Per Unit
Medicine Physical Medicine and				Physical Therapy - Low Complexity		_			l <u>.</u>		
Rehabilitation	Hospital Outpatient	CPT	97161	Evaluation	No	\$ 168.00	5 \$	71.97	\$ 252.78	\$258.56	Per Unit
Medicine Physical Medicine and				Physical Therapy - Moderate							
Rehabilitation	Hospital Outpatient	CPT	97162	Complexity Evaluation	No	\$ 62.40	\$	71.97	\$ 252.78	\$96.00	Per Unit
Medicine Physical Medicine and				Physical Therapy - High Complexity							
Rehabilitation	Hospital Outpatient	CPT	97163	Evaluation	No	\$ 168.00	\$	71.97	\$ 252.78	\$258.56	Per Unit
						-			-		
Medicine Physical Medicine and											
Rehabilitation	Hospital Outpatient	СРТ	97164	Physical Therapy - Re-Evaluation	No	\$ 113.34	ıs	48.67	\$ 170.97	\$174.37	Per Unit
				- injection and a property of the contraction		,			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	
Medicine Occupational Therapy	Hospital Outpatient	СРТ	07165	OT EVAL LOW COMPLEX 30 MIN	No	\$ 180.88	3 5	77.05	\$ 245.32	\$278.27	Per Unit
Tricalence Occupational Triciupy	Tiospital Outputient	CFT	37103	OT EVAL LOW COMM LEX SO MIN	NO	7 100.00	, ,	77.03	ÿ 243.32	Ş270.27	T CT OTHE
Madiaina Casumatianal Thomas	Heavital Outrations	CDT	07466	OT EVALAGE COMPLEY AS MAIN	B1 -	\$ 62.40	٠	72.00	ć 24F 22	¢oc oo	Don Huit
Medicine Occupational Therapy	Hospital Outpatient	CPT	9/100	OT EVAL MOD COMPLEX 45 MIN	No	\$ 62.40	7 3	72.00	\$ 245.32	\$96.00	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic						****	
Rehabilitation	Hospital Outpatient	CPT	97530	Activities	No	\$ 92.45	5 \$	17.40	\$ 124.45	\$142.23	Per Unit
Medicine Physical Medicine and				Physical Therapy - Self-care or							
Rehabilitation	Hospital Outpatient	CPT	97535	Home Management Training	No	\$ 68.89	\$	-	\$ 109.03	\$105.98	Per Unit
<b>Evaluation &amp; Management Services</b>	<b>Professional Services</b>	CPT	99024	Postop follow-up visit	No	\$ -	\$	-	\$ 14.27	\$0.00	Per Unit
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99202	Office Visit - New Patient, Minor	No	\$ 167.93	\$	90.34	\$ 200.08	\$77.58	Per Unit
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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
				Office Visit - New Patient, Low						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99203	Complexity	Yes	\$ 182.06	\$ 132.54	\$ 273.99	\$116.37	Per Unit
Evaluation & Management Services	Toressional services	Ci i	33203	Сотрымсу	163	Ţ 102.00	ÿ 132.34	Ç 275.55	<b>VIII.37</b>	T CT OTHE
				Office Visit - New Patient,						
Fundament Commission	Professional Commisses	CDT	00304	•	Voc	¢ 250.00	ć 177.01	ć 422.40	ć100 10	Dou Huit
Evaluation & Management Services	Professional Services	СРТ	99204	Moderate Complexity	Yes	\$ 250.69	\$ 177.01	\$ 432.49	\$199.10	Per Unit
				New patient office of other						
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99205	outpatient visit, typically 60 min	Yes	\$ 448.04	\$ 156.38	\$ 553.76	\$260.16	Per Unit
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99212	Office Visit - Basic	No	\$ 58.74	\$ 46.41	\$ 133.24	\$39.55	Per Unit
				Office Visit - Established Patient,						
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99213	Low Complexity	No	\$ 99.67	\$ 81.71	\$ 201.59	\$79.09	Per Unit
						, ,	7	7	710100	
				Office Visit - Established Patient,						
Evaluation & Management Services	Professional Services	СРТ	0021/	Moderate Complexity	No	\$ 151.19	\$ 140.90	\$ 279.47	\$121.97	Per Unit
Evaluation & Management Services	Froiessional Services	CFI	33214	iviouerate complexity	NO	3 131.13	3 140.50	\$ 275.47	\$121.57	reronic
				Office Visit Fetablished Patient						
				Office Visit - Established Patient,					4	
Evaluation & Management Services	Professional Services	CPT	99215	High Complexity	No	\$ 315.87	\$ 192.33	\$ 385.34	\$172.35	Per Unit
									1	
Professional Services Associated										
with Inpatient Stay	Professional Services	CPT	99232	Subsequent hospital care	No	\$ 159.88	\$ 50.60	\$ 111.92	\$111.92	Per Unit
				Patient office consultation,					1	
<b>Evaluation &amp; Management Services</b>	<b>Professional Services</b>	CPT	99243	typically 40 min	Yes	\$ 212.43	\$-	\$ 142.18	\$0.00	Per Unit
				Patient office consultation,					1	
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99244	typically 60 min	Yes	\$ 338.80	\$-	\$ 226.38	\$0.00	Per Unit
•							1			
				Emergency Department Visit -					1	
Emergency Room Visit	Hospital Outpatient	СРТ	99221	Minor (outpatient)	No	\$ 230.81	\$ 74.98	\$ 689.88	\$335.05	Case Rate
Emergency Room visit	Troopital Outpatient	CFT	33201	inner (outputient)	110	Ç 230.81	7 74.38	y 003.00	9555.05	case nate
				Emergency Department Visit 1					1	
			00000	Emergency Department Visit - Low		400.00			4500 75	
Emergency Room Visit	Hospital Outpatient	CPT	99282	Complexity (outpatient)	No	\$ 430.38	\$ 93.52	\$ 1,114.22	\$622.72	Case Rate

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Service Category	Service Setting	Type	Code	Description	Service?	С	ash Price	C	harge		Charge	Charge	Estimate Type
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				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	СРТ	00283	Moderate Complexity (outpatient)	No	Ś	932.99	\$	182.62	\$	2,714.83	\$1,376.81	Case Rate
Emergency Room visit	nospital outpatient	CFT	33283	inoderate complexity (outputient)	140	7	332.33	Y	102.02	7	2,714.03	71,370.01	case nate
				Emorgongy Donortment Visit									
				Emergency Department Visit -								4	
Emergency Room Visit	Hospital Outpatient	CPT	99284	Higher Complexity (outpatient)	No	\$	2,400.69	\$	270.43	\$	4,475.48	\$3,574.16	Case Rate
				Emergency Department Visit - High									
Emergency Room Visit	Hospital Outpatient	CPT	99285	Complexity (outpatient)	No	\$	3,149.91	\$	458.20	\$	5,806.95	\$4,832.79	Case Rate
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	CPT	99291	Critical Care (outpatient)	No	\$	17,860.61	\$	425.50	\$	6,308.07	\$27,393.31	Case Rate
											-		
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient,									
Firelization & Management Comitee	Duefessional Commisses	CDT	00201	_	No	Ś	150.75	ė.	_	\$	225.38	ć0.00	Day Unit
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					٦				
				<b>Preventive Medicine Evaluation</b>									
				and Management, New Patient, 5-									
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99383	11 Years Old	No	\$	170.96	\$	_	\$	413.46	\$0.00	Per Unit
•				Office Visit - Comprehensive		Ė		·		Ė		•	
				Preventive Medicine Evaluation									
				and Management, New Patient, 12-									
Evaluation & Management Services	Professional Services	СРТ	00384	17 Years Old	No	\$	193.58	Ġ	_	\$	280.75	\$0.00	Per Unit
Evaluation & Management Services		GF I	33304	Office Visit - Comprehensive	140	ب	133.30	7	-	7	230.73	90.00	. Cr Omt
				·									
				Preventive Medicine Evaluation									
				and Management, New Patient, 18-								4400	
Evaluation & Management Services	Protessional Services	CPT	99385	39 Years Old	Yes	\$	187.80	\$	59.23	Ş	347.60	\$109.84	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 40-									
<b>Evaluation &amp; Management Services</b>	Professional Services	CPT	99386	64 Years Old	Yes	\$	217.32	\$	91.72	\$	1,293.56	\$146.75	Per Unit
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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Pr		Charge		Charge	Charge	Estimate Type
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
				and Management, Younger than 1								
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99391	Year Old	No	\$ 14	1.19	<b>\$</b> -	\$	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	\$ 15	0.93	\$ -	\$	305.91	\$0.00	Per Unit
3												
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99393	and Management, 5-11 Years Old	No	\$ 15	0.44	<b>\$</b> -	\$	305.91	\$0.00	Per Unit
-												
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99394	and Management, 12-17 Years Old	No	\$ 16	5.14	<b>\$</b> -	\$	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	\$ 16	8.81	\$ 37.07	\$	304.60	\$59.31	Per Unit
											·	
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
<b>Evaluation &amp; Management Services</b>	Professional Services	СРТ	99396	and Management, 40-64 Years Old	No	\$ 18	0.12	\$ 64.57	\$	429.79	\$103.32	Per Unit
-												
											Service Not	
											Covered by	
Exablate	Hospital Outpatient	СРТ	0398T	Focused Ultrasound	No	\$ 32,13	9.56	\$ 11,272.90	\$	11,272.90	Payer	Case Rate
											•	
Vaccinations	Hospital Outpatient	СРТ	G0008	Admin influenza virus vaccine	No	\$ 7	0.15	\$ -	\$	126.95	\$126.95	Per Unit

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?	Discou Cash F		De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Vaccinations	Hospital Outpatient	CPT	G0009	Admin pneumococcal vaccine	No	\$	27.43	\$ -	\$ -	\$66.15	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	No	\$ 7	73.99	\$ 46.24	\$ 1,424.46	\$1,226.52	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	\$ 15,6	85.71	\$ 605.00	\$ 24,131.86	\$24,131.86	Per Unit
Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$ 1	30.00	\$ 74.02	\$ 200.00	\$200.00	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$ 4	76.03	\$ -	\$ 732.35	\$732.35	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$	0.22	\$ 0.03	\$ 0.34	\$0.34	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$	2.13	\$ 0.78	\$ 3.27	\$3.28	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$	26.95	\$ -	\$ 89.11	\$41.89	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$ 2,8	18.54	\$ -	\$ 4,336.21	\$791.66	Per Unit