Naphcare Correctional	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
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	cardiac catheterization with major complications or comorbidities	Yes	Service Volume	Service Volume	Service Volume	Service Volume	are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DKG	210	complications of comorbidities	res	voiume	volume	volume	volume	CP1/HCPC3
										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	\$11,370.37	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	\$33,460.56	CPT/HCPCS
										Case Rate-
										Excluding
				Major joint replacement or						Professional
				reattachment of lower extremity						Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	470	or complications (MCC).	Yes	\$ 26,747.32	\$ 8,070.44	\$ 37,721.88	\$16,630.59	CPT/HCPCS
										Case Rate-
				Cervical spinal fusion without						Excluding Professional
				comorbid conditions (CC) or major						Charges which
				comorbid conditions or						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	473	complications (MCC).	Yes	\$ 37,083.10	\$ 10,123.74	\$ 62,430.00	\$21,226.72	CPT/HCPCS

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					CMS		De-Identified		Payer-	
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		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	\$25,502.65	CPT/HCPCS
Hospital Inpatient Stay	Hospital Impatient	DNG	480	WAJOR JOHN W WICE	INO	\$ 09,180.99	3 12,373.83	3 46,933.31	\$23,302.03	CF1/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	\$17,639.37	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	\$13,900.78	CPT/HCPCS
										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	\$19.449.10	CPT/HCPCS
Hospital Ilipatient Stay	Hospital Ilipatient	טאט	473	EAGLE I HIP, FOOT, FEIVIOR W CC	INO	y 45,407.ZI	7,430.20 ب	y 41,203.04	713,443.10	CF I/FICECS

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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
				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	\$15,304.13	CPT/HCPCS
nospital inpatient stay	nospital inpatient	DKG	494	CC/MCC	NO	\$ 54,101.05	\$ 7,420.74	3 43,000.23	\$15,504.15	CP1/HCPC3
										Case Rate-
										Excluding
				Uterine and adnexa procedures for						Professional
				non-malignancy without comorbid						Charges which
				conditions (CC) or major comorbid						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	743	conditions or complications (MCC)	Yes	\$ 18,033.90	\$ 3,828.29	\$ 28,968.03	\$9,703.43	CPT/HCPCS
nospital inpatient Stay	Hospital Inpatient	DNG	743	conditions of complications (MCC)	Tes	\$ 10,033.30	3,020.23	\$ 20,900.03	\$3,703.43	CF1/HCFC3
										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	\$ 4.255.02	\$ 31,015.82	\$11,323.90	CPT/HCPCS
nospital inpatient stay	Troopical inpution	2110	011		110	Ç 10,043.21	φ 1 ,233.33	y 31,013.02	Ÿ11,323.30	c/iici cs
										Corre Dat
										Case Rate-
										Excluding
										Professional
										Charges which
				RED BLOOD CELL DISORDERS W/O						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	812		No	\$ 12,941.86	\$ 2,955.18	\$ 26,002.03	\$7,356.36	CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	טאט	012	INICC	INU	¥ 12,371.00	y 2,333.10	7 20,002.03	71,000.00	Ci 1/TicrC3

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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	\$52,339.37	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	\$24,852.10	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	\$16,325.58	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	\$33,147.11	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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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	DRG	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	No	\$ 139,128.72	\$ 30,888.17	\$ 200,000.00	\$63,650.60	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	\$35,408.01	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	\$12,618.26	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient	DRG	768	VAGINAL DELIVERY W O.R. PROC	No	\$ 10.335.01	\$ 2,464,00	\$ 27,462.61	\$8.512.15	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 W CC 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 957 OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA No \$ 139,128.72 \$ 30,888.17 \$ 200,000.00 OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA No \$ 73,933.71 \$ 17,182.69 \$ 125,000.00 Hospital Inpatient DRG 964 OTHER MULTIPLE SIGNIFICANT No \$ 34,761.85 \$ 6,123.35 \$ 50,000.00	Code Code

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<u>service eategory</u>	<u>Service Setting</u>	турс	couc	<u>Description</u>	<u>SCIVICE:</u>	casirricc	Charge	Charge	Charge	Estimate Type
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				CESAREAN SECTION W						are paid by
Matarnity/Dolivon	Hospital Innationt	DBC	783	STERILIZATION W MCC	No	\$ 11,915.22	¢ 2 570 00	\$ 39,605.25	\$18,120.95	CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	703	STERILIZATION W WICC	No	\$ 11,915.22	\$ 3,570.00	\$ 39,003.23	\$10,120.95	CP1/HCPC3
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										Charges which
				CESAREAN SECTION W						are paid by
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Maternity/Delivery	Hospital Inpatient	DRG	784	STERILIZATION W CC	No	\$ 9,940.40	\$ 3,570.00	\$ 27,865.12	\$8,830.67	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CECADEAN SECTION W						
				CESAREAN SECTION W						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	785	STERILIZATION W/O CC/MCC	No	\$ 8,988.27	\$ 3,519.44	\$ 25,870.71	\$7,252.44	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				GEOGRAPIAN GEOTICS						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	\$14,485.44	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				CESAREAN SECTION W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	787	STERILIZATION W CC	No	\$ 11,322.59	\$ 2,835.00	\$ 27,868.32	\$8,833.20	CPT/HCPCS
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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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										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	\$7,656.29	CPT/HCPCS
indeniney, belivery	Troopital Impatient	Ditto	700	STERRED TO TO TO CONTINUE	110	\$ 3,020.23	ψ 3)E-1E-1-1-1	Ç 20,501.00	\$7,030.23	Ci i/iici co
										Corre Boto
										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	\$1,582.46	CPT/HCPCS
iviate mey, benvery	Troopital Impatient	DIG	755	TOTAL NEW BOTH	140	7 1,400.10	ψ 020.03	7 10,703.30	\$1,502.40	Ci i/iici co
										Corre Boto
										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	\$7,289.61	CPT/HCPCS
materinty/ Delivery	Troopital Impatient	DIG	737	STERREDATION, Due to de	140	ÿ 12,703.73	Ç 2,104.00	Ç 23,517.03	ψ7,E03.01	Ci 1/iici Co
										Corre Boto
										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	\$7,289.61	CPT/HCPCS
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										Case Rate-
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										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	\$8,792.65	CPT/HCPCS
materinty/ benedly	nospital inpatient	2110	003	STERRILLATION DOC W WICE	140	φ 10,010.03	7 2,707.00	A 51,011.00	70,732.03	c. 1/11cr c3

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Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
										Case Rate-
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										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	806	STERILIZATION/D&C W CC	No	\$ 8,616.42	\$ 2,464.00	\$ 24,277.74	\$5,991.88	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	807	STERILIZATION/D&C W/O CC/MCC	No	\$ 7,318.91	\$ 2,464.00	\$ 23,397.98	\$5,295.70	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital										are paid by
Stay	Inpatient Rehabilitation Hospital	DRG	945	REHABILITATION W CC/MCC	No	N/A	\$ 14,553.00	\$ 14,553.00	N/A	CPT/HCPCS
										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
						F20/ Ch				
						52% Charges				
						Estimated at				
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per			\$1,200 Per	Per Diem Per
Stay	Inpatient Rehabilitation Hospital	UB	118	Room & Board	No	Diem			Diem	Day

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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										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
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										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
		Ditto	300		110	1471	+ 10,100.00	+ 10,100.00	14/11	G. 1711G. GC
										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
							, ,	, ,		
										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	N/A	CPT/HCPCS
-	-		1			_			,	
										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	N/A	CPT/HCPCS
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		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting		Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Service Category	Service Setting	Type	code	Description	Servicer	<u>Cash Price</u>	Charge	Charge	Charge	Estimate Type
										!
						70% Charges				
						(Estimated as				
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Long Term Care Intensive Care		\$6,047.26 per	\$1,040 Per	\$1,929 Per	\$1,450 Per	Per Diem Per
Stay	Hospital	UB	200	Room & Board	No	diem)	Diem	Diem	Diem	Day
						52% Charges				
						Estimated at				
Chille d Norman Lorentia et De con O									ć4 200 D	Daw Diama Daw
Skilled Nursing Inpatient Room &						\$1,109.30 Per			\$1,200 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	Diem	\$ 227.70	\$ 850.00	Diem	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 2-		\$1,109.30 Per			\$1,200 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	192	Comprehensive Care	No	Diem	\$ 299.70	\$ 850.00	Diem	Day
		0.0	-32	l l l l l l l l l l l l l l l l l l l	110	2.0	+ 255.70	7 555.65	2.0	
						E20/ Ch				
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 3- Complex		\$1,109.30 Per			\$1,200 Per	Per Diem Per
Board	Inpatient Skilled Nursing	UB	193	Care	No	Diem	\$ 370.00	\$ 850.00	Diem	Day
									1	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	\$269.47	Case Rate
·										
						1				
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$281.90	Case Rate
Tiospital Outputient Foccuure	Trospital Outputient	CF I	11104	Diopsy i unon biopsy of sidif	110	y 304.32	Ç 107.13	7 1,023.27	7201.50	Case Hate
						1				
			48000						4000	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	17000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$286.85	Case Rate
						1				
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	\$1,933.99	Case Rate

To Search for a service Click "CTRL" + "F" CMS Required Shoppable Discounted De-Identified Minimum Maximum Negotiated Negotiated Negotiated Negotiated Negotiated				1	1					A	
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To Search for a service Cick "CTRL" **F" Code Service Category Service Setting Service Category Service Setting Code Description Removal of 1 or more breast sorvice, Per Volume Removal of 1 or more breast sorvice, Per Volume Removal of 1 or more breast sorvice, Per Volume Removal of 1 or more breast sorvice, Per Volume Removal of 1 or more breast sorvice, Per Volume Removal of 1 or more breast sorvice, Per Volume Removal of 1 or more breast sorvice, Per Volume Removal of 1 or more breast sorvice, Per Volume Removal of 1 or more breast sorvice, Per Volume Removal of 1 or more breast sorvice, Per Volume Removal of 1 or more breast sorvice, Per Volume Removal of 1 or more breast sorvice, Per Volume Removal of 1 or more breast sorvice, Per Volume Removal of 1 or more breast sorvice, Per Volume Removal of 1 or more breast sorvice, Per Volume Removal of 1 or more breast sorvice, Per Volume Removal of 1 or more breast sorvice, Per Volume No Sarvice No Sarv											
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Removal of 1 or more breast Service Volume S - Service Volume Case Rate Hospital Outpatient Procedure Hospital Outpatient CPT 19120 growth, open procedure Yes Volume S - S - Service Volume Case Rate			Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Removal of 1 or more breast Service Volume S - Service Volume Case Rate Hospital Outpatient Procedure Hospital Outpatient CPT 19120 growth, open procedure Yes Volume S - S - Service Volume Case Rate	Service Category	Service Setting	Type	Code	Description		Cash Price				Estimate Type
Removal of 1 or more breast growth, open procedure											
Hospital Outpatient Procedure Hospital Outpatient CPT 20610 Arthrocentesis (outpatient) No \$ 370.58 \$ 182.39 \$ 1,461.73 \$ 5387.68 Case Rate Hospital Outpatient Procedure					Removal of 1 or more breast						
Injections Hospital Outpatient CPT 20610 Arthrocentesis (outpatient) No \$ 370.58 \$ 182.39 \$ 1,461.73 \$387.68 Case Rate Hospital Outpatient Procedure Hospital Outpatient CPT 27818 Treatment of ankle fracture No \$ 1,243.48 \$ 395.00 \$ 2,581.00 \$2,246.59 Case Rate Hospital Outpatient Procedure Hospital Outpatient CPT 29826 Arthroscopic Shoulder Surgery Yes Volume \$ - \$ - Volume Case Rate 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 \$279.97 Case Rate Hospital Outpatient Procedure Hospital Outpatient CPT 32555 Aspirate pleura w/ imaging No \$ 608.39 \$ 288.54 \$ 1,852.06 \$939.05 Case Rate Hospital Outpatient Procedure Hospital Outpatient CPT 42820 (outpatient) Yes Volume \$ - \$ - Volume Case Rate Upper Gastrointestinal Endoscopy-Hospital Endoscopy-Ves \$ 2,027.21 \$ 61.00 \$ 1,867.74 \$1,146.59 Case Rate Upper Gastrointestinal Endoscopy-Ves \$ 2,027.21 \$ 61.00 \$ 1,867.74 \$1,146.59 Case Rate Upper Gastrointestinal Endoscopy-Ves \$ 2,027.21 \$ 61.00 \$ 1,867.74 \$1,146.59 Case Rate	Hospital Outpatient Procedure	Hospital Outpatient	CDT	10120		Voc		ė -	ė .		Case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT 27818 Treatment of ankle fracture No \$ 1,243.48 \$ 395.00 \$ 2,581.00 \$ \$2,246.59 Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service Hospital Outpatient Procedure Hospital Outpatient CPT 29826 Arthroscopic Shoulder Surgery Yes Volume \$ - \$ - Volume Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service N/A	riospitai Outpatient Procedure	nospital Outpatient	CFI	13120	growth, open procedure	Tes	Volume	,	7	Volume	case Nate
Hospital Outpatient Procedure Hospital Outpatient CPT 27818 Treatment of ankle fracture No \$ 1,243.48 \$ 395.00 \$ 2,581.00 \$ \$2,246.59 Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service Hospital Outpatient Procedure Hospital Outpatient CPT 29826 Arthroscopic Shoulder Surgery Yes Volume \$ - \$ - Volume Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service N/A										1	
Hospital Outpatient Procedure Hospital Outpatient CPT 27818 Treatment of ankle fracture No \$ 1,243.48 \$ 395.00 \$ 2,581.00 \$ \$2,246.59 Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service Hospital Outpatient Procedure Hospital Outpatient CPT 29826 Arthroscopic Shoulder Surgery Yes Volume \$ - \$ - Volume Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service Volume \$ - \$ - Volume Case Rate N/A No Service N/A								4		4	
Hospital Outpatient Procedure Hospital Outpatient CPT 42820 Case Rate Upper Gastrointestinal Endoscopy- Hospital Endoscopy- Upper Gastrointestinal Endoscopy-	Injections	Hospital Outpatient	СРТ	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$387.68	Case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT 29826 Arthroscopic Shoulder Surgery Ves Volume N/A No Service Volume Case Rate Hospital Outpatient Procedure Hospital Outpatient CPT 31575 Laryngoscopy - Diagnostic No Service No Service Volume No Service Volume Service Volume Service Volume No Service Volume Service Volume No Service Volume Service Volume Case Rate Volume Case Rate Volume Ves Volume Ves Volume Ves Volume Service Volume Ves Volume Ves Volume Service Volume Service Volume Ves Volume Ves Volume Service Volume Service Volume Ves Volume Ves Volume Service Volume Case Rate Volume Ves Volume Ves Volume Service Volume Case Rate											
Hospital Outpatient Procedure Hospital Outpatient CPT 42820 Case Rate Upper Gastrointestinal Endoscopy- Hospital Endoscopy- Upper Gastrointestinal Endoscopy-											
Hospital Outpatient Procedure Hospital Outpatient CPT	Hospital Outpatient Procedure	Hospital Outpatient	CPT	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$2,246.59	Case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT 29826 Arthroscopic Shoulder Surgery Yes Volume \$ - \$ - Volume Case Rate Arthroscopic Knee Surgery Yes Volume \$ - \$ - Volume Case Rate Arthroscopic Knee Surgery Yes Volume \$ - \$ - Volume Case Rate 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 \$279.97 Case Rate Hospital Outpatient Procedure Hospital Outpatient CPT 32555 Aspirate pleura w/ imaging No \$ 608.39 \$ 288.54 \$ 1,852.06 \$939.06 Case Rate Tonsillectomy with Adenoidectomy Yes Volume \$ - \$ - Volume Case Rate Upper Gastrointestinal Endoscopy - Yes \$ 2,027.21 \$ 61.00 \$ 1,867.74 \$1,146.59 Case Rate Upper Gastrointestinal Endoscopy - Yes \$ 2,027.21 \$ 61.00 \$ 1,867.74 \$1,146.59 Case Rate							N/A No			N/A No	
Hospital Outpatient Procedure Hospital Outpatient Hospital Outpatient Hospital Outpatient Hospital Outpatient Hospital Outpatient Hospital Outpatient CPT Hospital Outpatient							Service			Service	
Hospital Outpatient Procedure Hospital Outpatient Hospital Outpatient Hospital Outpatient Hospital Outpatient Hospital Outpatient Hospital Outpatient CPT Hospital Outpatient	Hospital Outpatient Procedure	Hospital Outpatient	CPT	29826	Arthroscopic Shoulder Surgery	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT 31575 Laryngoscopy - Diagnostic No \$ 449.87 \$ 135.86 \$ 1,978.02 \$279.97 Case Rate Hospital Outpatient Procedure Hospital Outpatient CPT 32555 Aspirate pleura w/ imaging No \$ 608.39 \$ 288.54 \$ 1,852.06 \$939.06 Case Rate N/A No Service Hospital Outpatient Procedure Hospital Outpatient CPT 42820 Upper Gastrointestinal Endoscopy - Diagnostic Volume \$ 5 - \$ - Volume Case Rate Volume Case Rate Volume Ves Volume Case Rate Upper Gastrointestinal Endoscopy -							N/A No			N/A No	
Hospital Outpatient Procedure Hospital Outpatient CPT 2981 (outpatient) Yes Volume \$ - \$ - Volume Case Rate Hospital Outpatient Procedure Hospital Outpatient CPT 31575 Laryngoscopy - Diagnostic No \$ 449.87 \$ 135.86 \$ 1,978.02 \$279.97 Case Rate Hospital Outpatient Procedure Hospital Outpatient CPT 32555 Aspirate pleura w/ imaging No \$ 608.39 \$ 288.54 \$ 1,852.06 \$939.06 Case Rate Hospital Outpatient Procedure Hospital Outpatient CPT 42820 (outpatient) Yes Volume \$ - \$ - Volume Case Rate Upper Gastrointestinal Endoscopy - Diagnostic Yes \$ 2,027.21 \$ 61.00 \$ 1,867.74 \$1,146.59 Case Rate Upper Gastrointestinal Endoscopy - Upper Gastrointe					Arthroscopic Knee Surgery						
Hospital Outpatient Procedure Hospital Outpatient CPT 31575 Laryngoscopy - Diagnostic No \$ 449.87 \$ 135.86 \$ 1,978.02 \$279.97 Case Rate Hospital Outpatient Procedure Hospital Outpatient CPT 32555 Aspirate pleura w/ imaging No \$ 608.39 \$ 288.54 \$ 1,852.06 \$939.06 Case Rate N/A No Service Hospital Outpatient Procedure Hospital Outpatient CPT 42820 (outpatient) Hospital Outpatient Procedure Hospital Outpatient CPT 43235 Diagnostic Upper Gastrointestinal Endoscopy -	Hospital Outpatient Procedure	Hospital Outpatient	СРТ	29881		Yes		\$ -	s -		Case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT 32555 Aspirate pleura w/ imaging No \$ 608.39 \$ 288.54 \$ 1,852.06 \$939.06 Case Rate N/A No Service Hospital Outpatient Procedure Hospital Outpatient CPT 42820 (outpatient) Ves Volume Ves Volume Ves \$ 2,027.21 \$ 61.00 \$ 1,867.74 \$1,146.59 Case Rate Upper Gastrointestinal Endoscopy -					(Caspatione)		7 0 1 0 1 1 1 1	<u> </u>	T	70.0	
Hospital Outpatient Procedure Hospital Outpatient CPT 32555 Aspirate pleura w/ imaging No \$ 608.39 \$ 288.54 \$ 1,852.06 \$939.06 Case Rate N/A No Service Hospital Outpatient Procedure Hospital Outpatient CPT 42820 (outpatient) Ves Volume Ves Volume Ves \$ 2,027.21 \$ 61.00 \$ 1,867.74 \$1,146.59 Case Rate Upper Gastrointestinal Endoscopy -											
Hospital Outpatient Procedure Hospital Outpatient CPT 32555 Aspirate pleura w/ imaging No \$ 608.39 \$ 288.54 \$ 1,852.06 \$939.06 Case Rate N/A No Service Hospital Outpatient Procedure Hospital Outpatient CPT 42820 (outpatient) Ves Volume Ves Volume Ves \$ 2,027.21 \$ 61.00 \$ 1,867.74 \$1,146.59 Case Rate Upper Gastrointestinal Endoscopy -	Hospital Outpatient Presedure	Hasnital Outnotions	CDT	24575	Lammagassany Diagnostis	No	¢ 440.97	¢ 125.06	¢ 1.079.02	¢270.07	Casa Bata
Hospital Outpatient Procedure Hospital Outpatient CPT	nospital Outpatient Procedure	nospital Outpatient	CPI	315/5	Laryngoscopy - Diagnostic	NO	\$ 445.67	\$ 155.60	3 1,376.02	\$2/9.9/	Case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT											
Hospital Outpatient Procedure Hospital Outpatient CPT											
Hospital Outpatient Procedure Hospital Outpatient Hospital Outpatient Hospital Outpatient CPT Hospital	Hospital Outpatient Procedure	Hospital Outpatient	CPT	32555	Aspirate pleura w/ imaging	No		\$ 288.54	\$ 1,852.06		Case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT 42820 (outpatient) Yes Volume \$ - \$ - Volume Case Rate Upper Gastrointestinal Endoscopy - Diagnostic Yes \$ 2,027.21 \$ 61.00 \$ 1,867.74 \$1,146.59 Case Rate Upper Gastrointestinal Endoscopy - Upper Gastroint							N/A No			N/A No	
Hospital Outpatient Procedure Hospital Outpatient CPT 43235 Diagnostic Yes \$ 2,027.21 \$ 61.00 \$ 1,867.74 \$1,146.59 Case Rate Upper Gastrointestinal Endoscopy - Upper Gastrointestinal Endosco					Tonsillectomy with Adenoidectomy		Service			Service	
Hospital Outpatient Procedure Hospital Outpatient CPT 43235 Diagnostic Yes \$ 2,027.21 \$ 61.00 \$ 1,867.74 \$1,146.59 Case Rate Upper Gastrointestinal Endoscopy -	Hospital Outpatient Procedure	Hospital Outpatient	CPT	42820	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Hospital Outpatient Procedure Hospital Outpatient CPT 43235 Diagnostic Yes \$ 2,027.21 \$ 61.00 \$ 1,867.74 \$1,146.59 Case Rate Upper Gastrointestinal Endoscopy -											
Hospital Outpatient Procedure Hospital Outpatient CPT 43235 Diagnostic Yes \$ 2,027.21 \$ 61.00 \$ 1,867.74 \$1,146.59 Case Rate Upper Gastrointestinal Endoscopy -					Upper Gastrointestinal Endoscopy -						
Upper Gastrointestinal Endoscopy -	Hospital Outpatient Procedure	Hospital Outpatient	CPT	43235		Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$1,146.59	Case Rate
		-									
					Upper Gastrointestinal Endoscopy -						
165 V 1/2554 V 2/25740 V 2/25740 V 1/100/01 Case Nate	Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43730		Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$1,166,61	Case Rate
			C. 1	73233	Siops,	1 63	7 1,200.04	7 372.00	- 2,223.40	71,100.01	Jase Hate
Colonoscopy Diagnostic					Colonoscony Diagnostic					1	
Colonoscopy - Diagnostic	Hamital Output 10	Userial Order	CDT	45050		v	6 2447.55	A 225 55	¢ 2.000.00	64.407.04	Core De l
Hospital Outpatient Procedure Hospital Outpatient CPT 45378 (outpatient) Yes \$ 2,117.86 \$ 335.79 \$ 2,220.88 \$1,197.84 Case Rate	Hospital Outpatient Procedure	Hospital Outpatient	CPT	45378	(outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$1,197.84	case Kate
Colonoscopy - With Biopsy											
Hospital Outpatient Procedure Hospital Outpatient CPT 45380 (outpatient) Yes \$ 3,082.66 \$ 343.06 \$ 4,110.45 \$1,521.25 Case Rate	Hospital Outpatient Procedure	Hospital Outpatient	CPT	45380	(outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$1,521.25	Case Rate

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Jervice Category	<u> </u>	турс	coue	Description	Service:	Casii File	Charge	Charge	Charge	Estimate Type
				Colonescono Mith Dolon Domescol						
				Colonoscopy - With Polyp Removal		A 2247.00			A4 500 77	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45385	(outpatient)	Yes	\$ 3,317.89	\$ 354.50	\$ 4,434.15	\$1,589.77	Case Rate
						N/A No			N/A No	
				Ultrasound examination of lower		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45391	large bowel using an endoscope	Yes	Volume	\$ -	\$ -	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	47562	Gall Bladder Surgery (outpatient)	Yes	\$ 12,062.52	\$ 504.75	\$ 18,374.88	\$6,915.31	Case Rate
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Hospital Outpatient Procedure	Hospital Outpatient	CPT	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$2,228.06	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	\$4,568.06	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	51798	Urine Capacity Measurement	No	\$ 97.04	\$ -	\$ 1,579.20	\$81.48	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$804.80	Case Rate
	- Copias Carpanent		32000	- Cycloscopy	110	Ţ	+	+ 1,000.01	70000	
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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	33700	Biopsy of prostate gland	Yes	\$ 1,165.04			\$2,402.26	Case Rate
				Surgical removal of prostate and		N/A No	N/A No	N/A No	N/A No	
L				surrounding lymph nodes using an		Service	Service	Service	Service	
Hospital Outpatient Procedure	Hospital Outpatient	CPT	55866	endoscope	Yes	Volume	Volume	Volume	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	58100	Biopsy - Endometrial (Uterus)	No	\$ 375.83	\$ 144.00	\$ 1,697.39	\$290.31	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58300	Insert intrauterine device	No	\$ 632.24	\$ 48.93	\$ 1,749.37	\$10.99	Case Rate
						, 332.24	,	, _,	7-3:00	
Hospital Outpatient Bresedure	Hespital Outpations	СРТ	E9201	Romava intrautarina davias	No	\$ 273.85	\$ 32.34	¢ 1.405.59	\$426.54	Casa Pata
Hospital Outpatient Procedure	Hospital Outpatient	CPT	20201	Remove intrauterine device	No	\$ 273.85	ې 5 2.3 4	\$ 1,495.58	\$4Z0.54	Case Rate

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Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?		ounted 1 Price	Mi Ne	dentified nimum gotiated harge	Ν	e-Identified Maximum legotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	59025	Fetal Non-Stress Test	No	\$	260.79	Ś	118.53	Ś	1,596.22	\$245.55	Case Rate
Professional Services Associated with Inpatient Stay	Professional Services	СРТ	59400	Routine obstetric care for vaginal delivery, including pre-and post-delivery care	Yes	\$ 4	I,496.21	Ś	242.00	\$	3,278.48	\$2,596.85	Case Rate
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Professional Services Associated with Inpatient Stay	Professional Services	СРТ	59410	Obstetrical care	No	\$ 2	2,230.06	\$	133.91	\$	1,625.81	\$1,279.66	Case Rate
1				Routine obstetric care for cesarean									
Professional Services Associated	Buofessional Compiess	CDT	50540	delivery, including pre-and post-	W	٠,	000 50	,	246.05	,	2 (10 12	ć2 966 7 5	Casa Bata
with Inpatient Stay	Professional Services	CPT	59510	delivery care Routine obstetric care for vaginal	Yes	\$ 4	,966.56	\$	246.05	\$	3,619.13	\$2,866.75	Case Rate
ı				delivery after prior cesarean									
Professional Services Associated				delivery including pre-and post-									
with Inpatient Stay	Professional Services	СРТ	59610	delivery care	Yes	\$ 4	,706.58	\$	305.08	\$	3,429.34	\$2,717.81	Case Rate
				Injection of substance into spinal canal of lower back or sacrum using									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	62322	imaging guidance	Yes	\$ 1	,055.18	\$	379.33	\$	1,880.39	\$896.16	Case Rate
				Injection of substance into spinal			,	•		•	,		
ı				canal of lower back or sacrum using									
Hospital Outpatient Procedure	Hospital Outpatient	CPT	62323	imaging guidance	Yes	\$ 1	,665.98	\$	305.01	\$	1,988.33	\$914.92	Case Rate
ı				Injections of anesthetic and/or									
ı				steroid drug into lower or sacral									
Userital Outrationt Presedure	Hamital Outmations	CDT	C4402	spine nerve root using imaging guidance	Vaa	ė 1	776 21	,	250 46	,	1 000 40	ć1 1CC 22	Casa Bata
Hospital Outpatient Procedure	Hospital Outpatient	CPT	64483	guidance	Yes		,776.21 A No	Ş	358.46	Þ	1,980.49	\$1,166.22 N/A No	Case Rate
ı				Removal of recurring cataract in			rvice					Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66821	lens capsule using laser	Yes		lume	\$	-	\$	-	Volume	Case Rate
-				_		N/	A No					N/A No	
ı				Removal of cataract with insertion		Sei	rvice					Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66984	of lens	Yes	Vo	lume	\$	-	\$	-	Volume	Case Rate
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Service Category	Service Setting	Code Type	Code	Description	CMS Required Shoppable Service?		scounted	M Ne	dentified inimum gotiated charge	1	e-Identified Maximum legotiated Charge	Payer- Specific Negotiated Charge	Estimate Type
Service category	<u>Service Setting</u>	Турс	couc	<u>Description</u>	<u> </u>	Cu	isii i i icc		nuige		charge	charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	No	\$	901.06	\$	127.22	\$	1,318.18	\$195.62	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	Yes	\$	901.06	\$	127.22	\$	1,318.18	\$195.62	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	\$310.44	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$	1,668.57	\$	127.52	\$	2,259.85	\$196.04	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70496	Ct angiography head	No	\$	1,871.05	\$	223.05	\$	1,996.31	\$341.25	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$	1,632.72	\$	223.05	\$	1,677.63	\$341.25	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$	1,518.19	\$	252.20	\$	2,270.30	\$388.72	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$	2,314.59	\$	406.50	\$	3,409.54	\$627.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ		X-ray exam chest 1 view	No	\$	138.11	Ś	19.91	\$	181.37	\$112.40	Per Unit
Radiology Services	Hospital Outpatient	СРТ		X-Ray - Chest (outpatient)	No	\$	148.99			\$	193.55	\$114.68	Per Unit
industriogy services	nospital Outpatient	CFI	7 1040	A-nay - Chest (outpatient)	140	٧	140.33	Y	31.30	۰	133.33	9114.00	i ei Oiiit
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$	205.20	\$	38.07	\$	271.73	\$160.39	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$	1,024.52	\$	141.11	\$	1,468.48	\$215.21	Per Unit

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Service Category	Service Setting	Type	Code	Description	Service?	Casii Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
				CT Scan - Chest, with Contrast						
Dadialam: Caminas	Heavital Outrations	CDT	71200	· ·	N	ć 1.440.F3	ć 200.7C	ć 2.024.00	¢200.45	Dou I Init
Radiology Services	Hospital Outpatient	СРТ	/1260	(outpatient)	No	\$ 1,448.52	\$ 200.76	\$ 2,034.88	\$309.45	Per Unit
Dedictor Comban	Unamital Contractions	CDT	74275	Ct and a supply about	N	ć 4.03F.CF	ć 226.40	ć 2.002.27	6245.00	Dan Haite
Radiology Services	Hospital Outpatient	СРТ	/12/5	Ct angiography chest	No	\$ 1,935.65	\$ 226.19	\$ 2,092.27	\$345.80	Per Unit
Dedictor Comban	Unamital Contractions		70040	V David Nach Caminal Sains		ć 454.65	ć 27.02	ć 204.42	6445.44	Dan Hait
Radiology Services	Hospital Outpatient	СРТ	/2040	X-Ray - Neck, Cervical Spine	No	\$ 154.65	\$ 37.93	\$ 204.42	\$115.11	Per Unit
B # 1				V.D. 44:111 D. 1 71		å 254.64	å	A 222.00	4454.40	
Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$ 251.61	\$ 33.93	\$ 338.99	\$154.49	Per Unit
			70400	V.D		400.50	4 27.00	A 255.42	A4== 0=	
Radiology Services	Hospital Outpatient	СРТ	/2100	X-Ray - Spine (outpatient)	No	\$ 199.60	\$ 37.93	\$ 265.13	\$155.85	Per Unit
				V Barriagon hash salaran fassa						
Dedictor Comban	Unamital Contractions		70440	X-Ray, lower back, minimum four	.,	ć 242.64	ć 53.00	ć 204.02	6450.44	Double to
Radiology Services	Hospital Outpatient	СРТ	72110	views	Yes	\$ 213.64	\$ 52.80	\$ 284.93	\$158.14	Per Unit
			70405			4 450 05	400.00	A 4 750 00	6205.40	
Radiology Services	Hospital Outpatient	СРТ	/2125	Ct neck spine w/o dye	No	\$ 1,459.37	\$ 136.86	\$ 1,750.92	\$205.19	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	\$559.70	Per Unit
De diele en Comitee		CDT	7040-	Standard and a surface of the		ć 4.04F.02	ć 204 73	ć 2440.40	6240.00	Double to
Radiology Services	Hospital Outpatient	СРТ	/2127	Ct neck spine w/o & w/dye	No	\$ 1,815.93	\$ 201.73	\$ 2,118.48	\$310.86	Per Unit
						4	400.55	4 005 55	4207.57	
Radiology Services	Hospital Outpatient	СРТ	/2129	Ct chest spine w/dye	No	\$ 1,520.66	\$ 199.82	\$ 1,805.90	\$307.67	Per Unit
			70405	6.1		4	A 250.55	4 005 55	4550.75	
Radiology Services	Hospital Outpatient	СРТ	/2132	Ct lumbar spine w/dye	No	\$ 1,518.43	\$ 260.86	\$ 1,805.90	\$559.70	Per Unit
			=0.00				A	4 0000 ==	4040.00	
Radiology Services	Hospital Outpatient	CPT	/2133	Ct lumbar spine w/o & w/dye	No	\$ 1,904.42	\$ 201.90	\$ 2,238.70	\$310.44	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Casii Price	<u>Charge</u>	<u>Charge</u>	<u>Charge</u>	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	721/11	MRI NECK SPINE W/O DYE	No	\$ 1,441.84	\$ 252.20	\$ 2,177.11	\$388.72	Per Unit
Radiology Services	Hospital Outpatient	CPT	72141	WINTINECK SPINE W/O DTE	No	3 1,441.04	\$ 232.20	3 2,177.11	3388.72	rei Oiiit
Padialam, Sanisas	Hospital Outpationt	СРТ	721/10	MARL Rock (outpotiont)	Yes	\$ 1,381.13	\$ 252.20	\$ 2,137.12	\$388.72	Per Unit
Radiology Services	Hospital Outpatient	CPT	72146	MRI - Back (outpatient)	res	\$ 1,361.13	\$ 252.20	\$ 2,137.12	\$300.72	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$ 249.04	\$ 28.72	\$ 327.10	\$152.65	Per Unit
Radiology Services	Hospital Outpatient	CPT	72170	A-Ray - Pelvis	INO	3 249.04	3 20.72	3 327.10	\$132.03	rei oiiit
Dadialam Caminas	Heavital Outrations	CDT	72400	V DAY EVANA OF DELVIS	NI -	ć 200 F2	ć 20.C0	\$ 264.73	¢157.67	Day Unit
Radiology Services	Hospital Outpatient	CPT	/2190	X-RAY EXAM OF PELVIS	No	\$ 208.53	\$ 39.60	\$ 264.73	\$157.67	Per Unit
Dadialam: Caminas	Heavital Outrations	CDT	72102	CT con policie with contract	Vac	ć 1.53C.0C	ć 107.20	ć 2.142.0F	¢202.77	Dou Huit
Radiology Services	Hospital Outpatient	СРТ	/2193	CT scan, pelvis, with contrast	Yes	\$ 1,536.96	\$ 197.29	\$ 2,142.05	\$303.77	Per Unit
Padialam, Sanisas	Hospital Outpationt	CDT	72107	MRI - Pelvis (outpatient)	N.	\$ 2,448.72	\$ 402.71	\$ 3,522.33	\$621.54	Dor Unit
Radiology Services	Hospital Outpatient	CPT	/219/	iviki - Peivis (outpatient)	No	\$ 2,446.72	3 402.71	\$ 3,322.33	3021.34	Per Unit
Dadialam: Caminas	Heavital Outrations	CDT	72000	V vev even of celler bene	NI -	ć 147.F0	ć 22.40	ć 10F.03	¢111 4F	Dou Huit
Radiology Services	Hospital Outpatient	CPT	/3000	X-ray exam of collar bone	No	\$ 147.59	\$ 22.40	\$ 185.92	\$111.45	Per Unit
Padialam: Caminas	Heavital Outrations	СРТ	72010	V very excess of charildes blade	N.	\$ 196.93	\$ 26.01	\$ 251.93	¢152.00	Don Huit
Radiology Services	Hospital Outpatient	CPT	/3010	X-ray exam of shoulder blade	No	\$ 196.93	\$ 26.01	\$ 251.93	\$153.08	Per Unit
Padialagy Sandicas	Hospital Outpationt	CDT	72020	V Pay Shoulder (outpationt)	No	\$ 149.50	\$ 28.33	\$ 196.92	\$112.81	Per Unit
Radiology Services	Hospital Outpatient	СРТ	/5050	X-Ray - Shoulder (outpatient)	No	Ç 145.50	y 20.33	130.32 پ	3112.01	rei Unit
Radiology Services	Hospital Outpations	СРТ	72060	X-RAY EXAM OF HUMERUS	No	\$ 147.62	\$ 29.40	\$ 195.82	\$111.45	Per Unit
Radiology Services	Hospital Outpatient	CPI	/3000	A-RAT EXAMINOF HOIVIERUS	No	3 147.0Z	ş 25.40	<i>ϕ</i> 133.82	\$111.45	rei Ullit
Padiology Songices	Hospital Outpations	CPT	72070	V ray avam of albayy	No	\$ 146.83	\$ 25.07	\$ 191.42	¢111 AE	Por Unit
Radiology Services	Hospital Outpatient	СРТ	/30/0	X-ray exam of elbow	No	\$ 146.83	φ 25.U/	\$ 191.42	\$111.45	Per Unit
Padialagy Consists	Hospital Outpoticat	CPT	72000	V DAV EVAM OF FUROW	N	\$ 122.83	6 20.72	\$ 154.02	¢111 01	Dor Unit
Radiology Services	Hospital Outpatient	CPT	/3080	X-RAY EXAM OF ELBOW	No	\$ 122.83	\$ 26.72	β 154.02	\$111.91	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Pri	ce	Charge	<u>Charge</u>	Charge	Estimate Type
Radiology Services	Hospital Outpatient	CPT	73090	X-RAY EXAM OF FOREARM	No	\$ 11	7.10	\$ 26.40	\$ 151.82	\$111.45	Per Unit
Radiology Services	Hospital Outpatient	CPT	73110	X-Ray - Wrist (outpatient)	No	\$ 150	5.52	\$ 30.72	\$ 196.19	\$111.91	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$ 193	2.03	\$ 24.40	\$ 249.73	\$152.19	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	\$ 15	1.54	\$ 32.72	\$ 198.42	\$111.91	Per Unit
nadiology services	Trospital Gatpatient	Ci i	75150	A Ruy Fland	110	7 10		ÿ 52.72	7 230142	VIII.31	T CT OTHE
Radiology Services	Hospital Outpationt	СРТ	72221	MRI - Shoulder, Elbow, or Wrist	No	\$ 1,21	1 02	\$ 246.65	\$ 1,702.46	\$381.35	Per Unit
Radiology Services	Hospital Outpatient	CFI	73221	Wiki - Siloulder, Elbow, or Wrist	NO	Ş 1,21.	1.02	\$ 240.03	3 1,702.40	3301.33	rei oiiit
Dadialam Caminas	Heavital Outrations	CDT	72502	V Boy Him		\$ 129	9.58	\$ 37.77	\$ 197.91	\$115.11	Dou I Init
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	3 12:	7.36	\$ 37.77	\$ 197.91	\$115.11	Per Unit
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Radiology Services	Hospital Outpatient	CPT	73552	X-RAY EXAM OF FEMUR 2/>	No	\$ 150	0.51	\$ 29.51	\$ 189.38	\$112.40	Per Unit
Radiology Services	Hospital Outpatient	CPT	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$ 20:	1.92	\$ 32.40	\$ 266.82	\$111.45	Per Unit
Radiology Services	Hospital Outpatient	CPT	73562	X-Ray - Knee (outpatient)	No	\$ 26	3.50	\$ 36.52	\$ 351.25	\$112.81	Per Unit
Radiology Services	Hospital Outpatient	CPT	73590	X-ray exam of lower leg	No	\$ 23	9.62	\$ 32.40	\$ 321.48	\$111.03	Per Unit
Radiology Services	Hospital Outpatient	CPT	73600	X-RAY EXAM OF ANKLE	No	\$ 19:	1.55	\$ 31.98	\$ 278.60	\$111.45	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73610	X-Ray - Ankle (outpatient)	No	\$ 23	9.05	\$ 25.72	\$ 311.14	\$111.91	Per Unit
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Service Category	Service Setting	Type	Code	Description	Service?	С	ash Price	Ch	arge		Charge	Charge	Estimate Type
Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$	196.24	Ś	29.81	\$	262.21	\$110.61	Per Unit
ridulology services	nospital outputient	Ci i	73020	X IIXI EXXIII OI 1001	140	7	130124	Ψ	25.01	Ψ	LULILI	VIII.01	T CT OTHE
Dadialam, Samiana	Heavital Outrations	CDT	72620	V Boy Foot (outpotiont)	No	4	216.05	4	22.05	,	300.00	Ć111 FO	Day Unit
Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Foot (outpatient)	No	\$	216.05	Þ	33.95	\$	289.60	\$111.50	Per Unit
Radiology Services	Hospital Outpatient	CPT	73700	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	\$	134.01	\$	1,400.92	\$205.19	Per Unit
Radiology Services	Hospital Outpatient	CPT	73721	MRI - Knee (outpatient)	Yes	\$	1,224.32	\$	246.65	\$	1,828.36	\$380.45	Per Unit
Radiology Services	Hospital Outpatient	CPT	74018	X-Ray - Abdomen	No	\$	145.61	\$	28.31	\$	189.76	\$112.40	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$	977.64	Ś	142.38	Ś	1,446.99	\$217.28	Per Unit
			7 1200			_	-	T		-	_,	,	
Padialogy Convices	Hespital Outpations	СРТ	74170	Ct abdoman w/o 8 w/dwo	No	ė	1 02/ 10	ė	207.86	ć	2 144 20	\$319.11	Per Unit
Radiology Services	Hospital Outpatient	CPT	74170	Ct abdomen w/o & w/dye	No	\$	1,824.18	Ģ	207.80	Ģ	2,144.29	3313.11	Per Offit
				CT Scan - Abdomen and Pelvis, with									
Radiology Services	Hospital Outpatient	CPT	74177	Contrast	No	\$	2,748.11	\$	286.79	Ş	3,568.86	\$598.25	Per Unit
				CT Scan - Abdomen and Pelvis, with									
Radiology Services	Hospital Outpatient	CPT	74177	Contrast	Yes	\$	2,748.11	\$	286.79	\$	3,568.86	\$598.25	Per Unit
Radiology Services	Hospital Outpatient	CPT	74220	X-ray xm esophagus 1cntrst	No	\$	394.10	\$	56.38	\$	563.71	\$268.19	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$	521.72	\$	79.34	\$	578.01	\$296.04	Per Unit
3, 11 111				,	-	Ė		-		<u> </u>			
Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	Ś	306.04	Ġ	59.00	Ś	323.39	\$137.52	Per Unit
nautology services	nospital Outpatient	CFI	/33/1	ct int w/o uye w/ta test	NU	Ą	300.04	Ą	33.00	Ą	323.33	3137.32	rei Ullit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cas	h Price_	Charge	<u>Charge</u>	Charge	Estimate Type
Radiology Services	Hospital Outpatient	CPT	76536	Ultrasound - Head and Neck	No	\$	460.62	\$ 78.79	\$ 386.50	\$177.33	Per Unit
Radiology Services	Hospital Outpatient	CPT	76642	Ultrasound - Breast (outpatient)	No	\$	152.68	\$ 78.52	\$ 249.30	\$143.91	Per Unit
Radiology Services	Hospital Outpatient	CPT	76700	Ultrasound - Abdominal, Complete	Yes	\$	361.43	\$ 91.69	\$ 433.80	\$193.32	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$	327.93	\$ 46.05	\$ 372.20	\$178.73	Per Unit
naulology Services	nospital Outpatient	CFI	70703	Oltrasouna - Abuoniniai, Linnteu	NO	7	327.33	7 40.03	3 372.20	3178.73	reronic
Matamity/Daliyamy	Heavital Outrations	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$	450 50	ć 7C.F4	\$ 400.80	¢100.20	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	70770	OS EXAMI ABDO BACK WALL COMP	No	Ş	456.58	\$ 76.54	\$ 400.80	\$188.30	Per Unit
B d = t = m tt = /D = lt = = m :	Hamital Cotastiant		75004	OR LIG + 4.4 MING CINICIE FETLIG		_	204 57	ć 00.0E	ć 20C 27	6204.74	Day Haite
Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$	391.57	\$ 86.65	\$ 396.27	\$204.71	Per Unit
				Ultrasound - Pregnancy							
Radiology Services	Hospital Outpatient	CPT	76805	(outpatient)	Yes	\$	367.73	\$ 100.36	\$ 437.10	\$204.71	Per Unit
						١.					
Maternity/Delivery	Hospital Outpatient	СРТ	76811	OB US DETAILED SNGL FETUS	No	\$	522.04	\$ 198.65	\$ 587.50	\$415.09	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76815	OB US LIMITED FETUS(S)	No	\$	309.95	\$ 54.75	\$ 384.30	\$182.81	Per Unit
Radiology Services	Hospital Outpatient	CPT	76816	Ultrasound - Pregnancy Follow-Up	No	\$	406.54	\$ 64.37	\$ 384.30	\$195.57	Per Unit
Maternity/Delivery	Hospital Outpatient	CPT	76818	FETAL BIOPHYS PROFILE W/NST	No	\$	476.50	\$ 82.20	\$ 387.27	\$208.31	Per Unit
-											
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$	407.39	\$ 97.44	\$ 398.34	\$190.55	Per Unit
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Service Category	Service Setting	туре	coue	Description	<u>Service:</u>	Casii F	lice	Charge	Charge	Charge	Estimate Type
Radiology Services	Hospital Outpatient	CPT	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$ 3	70.14	\$ 88.69	\$ 391.69	\$185.77	Per Unit
				Ultrasound - Transvaginal (non-							
Radiology Services	Hospital Outpatient	CPT	76830	maternity)	Yes	\$ 4	75.43	\$ 98.63	\$ 463.90	\$185.53	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76856	Ultrasound - Pelvic (outpatient)	No	\$ 3	44.00	\$ 70.34	\$ 408.50	\$185.12	Per Unit
nadiology services	nospital Gatpatient	Cit	70030	Citrasouna i civic (outputicity)	140	7 0	11100	70.54	7 400.50	7103:12	T CI OIIIC
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Radiology Services	Hospital Outpatient	CPT	77065	Mammography of one breast	Yes	\$ 5	46.40	\$ 107.57	\$ 501.03	\$170.37	Per Unit
Radiology Services	Hospital Outpatient	CPT	77066	Mammography of both breasts	Yes	\$ 3	83.79	\$ 135.81	\$ 629.70	\$214.86	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$ 4	06.73	\$ 109.22	\$ 504.02	\$173.97	Per Unit
Radiology Services	Hospital Outpatient	CFI	77007	wanningram (outpatient)	163	7 -	00.73	7 103.22	3 304.02	\$173.37	reronic
		1									
Radiology Services	Hospital Outpatient	CPT	77080	Bone Density Scan (outpatient)	No	\$ 2	47.25	\$ 56.29	\$ 393.45	\$154.07	Per Unit
Radiology Services	Hospital Outpatient	CPT	77081	Dxa bone density/peripheral	No	\$ 1	16.84	\$ 33.80	\$ 171.64	\$113.75	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$ 1,0	10.04	\$ 336.74	\$ 2,091.45	\$1,707.17	Per Unit
37				, , , , , , , , , , , , , , , , , , , ,		. ,-			. ,		
Laboratory & Pathology Sonvices	Hospital Outpationt	СРТ	80046	Blood Test - Basic Motabolic Panel	Yes	\$ 1	58.03	\$ 11.84	\$ 221.33	\$22.84	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	00046	Blood Test - Basic Metabolic Panel	162	9 1	50.05	y 11.04	۷ 221.33	322.04	Per Unit
				Blood Test - Comprehensive		_					
Laboratory & Pathology Services	Hospital Outpatient	CPT	80053	Metabolic Panel	Yes	\$!	93.73	\$ 14.78	\$ 136.89	\$28.51	Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Service Category	Service Setting	туре	coue	Description	<u>Service:</u>					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	CPT	80055	Panel	Yes	Volume	Volume	Volume	Volume	Per Unit
				Blood Test - Cholesterol Test, Lipid						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80061	Panel	Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$18.75	Per Unit
				Blood Test - Renal (Kidney)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	90060	Function Panel	Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$23.43	Per Unit
Euboratory & Fathology Scrvices	nospital outputient	CFT	80003	T difetion i difet	163	7 17.24	ÿ 0.00	34.33	ÿ23.43	T CT OTHE
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				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	80076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$22.06	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80307	Drug test prsmv chem anlyzr	No	\$ 128.65	\$ 55.93	\$ 199.53	\$87.00	Per Unit
						N/A No	N/A No	N/A No	N/A No	
						Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81000	Urinalysis nonauto w/scope	Yes	Volume	Volume	Volume	Volume	Per Unit
Euroratory at atmology services	Troopital outputient	Ci i	01000	ormarysis nonauto wyscope	103	voidine	voidine	Volume	voidine	T CT OTHE
				Union Took Automoted with						
				Urine Test - Automated with		4 22.46			40.55	
Laboratory & Pathology Services	Hospital Outpatient	CPT	81001	Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$8.56	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81002	Urine Test - Urinalysis, Manual Test	Yes	\$ 7.24	\$ 2.67	\$ 14.00	\$4.87	Per Unit
				Urine Test - Automated without						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$6.08	Per Unit
		1		·					-	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$23.24	Per Unit
Laboratory & Fathology Services	1103pital Outpatient	CF1	01023	Office rest - Fregulaticy	INU	y 40.67	7 10.45	y 30.29	723.24	i ei Onit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$7.03	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$41.44	Per Unit
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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash	Price	Charge	<u>Charge</u>	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	82330	Assay of calcium	No	\$	35.11	\$ 12.31	\$ 67.00	\$19.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82375	Assay carboxyhb quant	No	\$	114.13	\$ 11.09	\$ 153.64	\$17.25	Per Unit
			02070	- iou y carbon y iio quant		Ť			7 200.01	V 27125	
						_	45.00	.	4 22 76	45.00	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82465	Assay bld/serum cholesterol	No	\$	15.28	\$ 3.92	\$ 23.76	\$6.09	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82550	Assay of ck (cpk)	No	\$	12.70	\$ 5.86	\$ 35.53	\$9.11	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82552	Assay of cpk in blood	No	\$	26.14	\$ 12.05	\$ 75.41	\$18.75	Per Unit
	Troopius Guipationi		02002	rissa, er spirit i sesa		Ť			7 701.12	V 20.70	
Laboratory & Bathalam Comitae	Harristal Order at land	CDT		A			424 50		ć 70.0F	642.02	Day Helt
Laboratory & Pathology Services	Hospital Outpatient	CPT	82565	Assay of creatinine	No	\$	124.50	\$ 7.17	\$ 70.25	\$13.83	Per Unit
				Blood Test - Vitamin B-12							
Laboratory & Pathology Services	Hospital Outpatient	CPT	82607	(Cyanocobalamin) Level	No	\$	29.40	\$ 13.57	\$ 82.73	\$21.11	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82610	Cystatin c	No	\$	140.40	\$ 14.17	\$ 405.00	\$25.93	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82550	Assay of erythropoietin	No	\$	36.68	\$ 16.91	\$ 99.20	\$26.31	Per Unit
Laboratory & Fathology Services	Trospital Outpatient	GF I	02000	Assay of erythropoletin	IVO	7	30.00	7 10.51	7 53.20	920.31	1 Cr Offic
										400.00	
Laboratory & Pathology Services	Hospital Outpatient	CPT	82670	Assay of estradiol	No	\$	54.51	\$ 25.15	\$ 152.33	\$39.12	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82693	Assay of ethylene glycol	No	\$	20.29	\$ 13.41	\$ 40.08	\$20.86	Per Unit
				Blood Test - Ferritin (Blood Protein)							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82728		No	Ś	33.53	\$ 19.09	\$ 96.63	\$36.80	Per Unit
Education y & Factionogy Services	1100pital Outputient	S. 1	02/20	20701	140	4	33.33	7 13.03	y 30.03	930.00	. Cr Omt

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Service Category	Service Setting	туре	coue	Description	<u>Service:</u>	Casii File	-	Charge	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	82746	Blood Test - Folic Acid Level	No	\$ 37.	75 !	13.23	\$ 79.52	\$20.58	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82803	Blood gases any combination	No	\$ 73.	40	20.17	\$ 106.16	\$36.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 34.	04	5.51	\$ 49.42	\$10.61	Per Unit
	- поортан о поравлено	C	020	rissay gracese sieca quant	110	Ţ		0.02	Ţ .511.E	720.02	
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Laboratory & Pathology Services	Hospital Outpatient	CPT	82962	Glucose blood test	No	\$ 45.	55 5	3.89	\$ 61.82	\$8.85	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83018	Heavy metal quant each nes	No	\$ 172.	97 !	19.76	\$ 498.96	\$30.74	Per Unit
				Blood Test - Blood Glucose Control							
Laboratory & Pathology Services	Hospital Outpatient	CPT	83036	(Hemoglobin A1C)	No	\$ 71.	27	8.74	\$ 95.94	\$13.59	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83088	Assay of histamine	No	\$ 75.	84	26.58	\$ 218.76	\$41.34	Per Unit
Laboratory at rathology services	Troopital outputient	C	03000	rissay or mistarrine	140	ψ ,3.	-	20.50	Ç 210170	942.54	T CI OIIIC
Laboratory & Dathalam Camilia	Hospital Outpotiont	CDT	02510	Immunoscov dinetiek	N-	ċ 147	امما	6.55	\$ 424.29	\$13.50	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	92218	Immunoassay dipstick	No	\$ 147.	טש :	6.55	\$ 424.29	\$13.50	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	83540	Blood Test - Iron Level	No	\$ 51.	90 !	9.06	\$ 75.77	\$17.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83605	Assay of lactic acid	No	\$ 27.	44	10.41	\$ 58.05	\$16.20	Per Unit
				Blood Test - Lipase (fat enzyme)							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690		No	\$ 69.	47	6.20	\$ 93.51	\$9.65	Per Unit
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Laboratori Q Doth-l C	Heavital Outrations	CDT	02725	A	N/-	ć			6 70.50	610.00	Don Huit
Laboratory & Pathology Services	Hospital Outpatient	CPT	83/35	Assay of magnesium	No	\$ 53.	82 !	9.38	\$ 78.56	\$18.09	Per Unit

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Service Category	Service Setting	Type	Code	<u>Description</u>	Service?	Cash Price	2	<u>Charge</u>	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	83880	Assay of natriuretic peptide	No	\$ 172.	55 3	35.33	\$ 232.27	\$54.96	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$ 61.	73	6.64	\$ 87.67	\$12.80	Per Unit
Laboratory & Fathology Services	nospital outputient	Ci i	04100	Assay of phosphorus	140	y 01.	,,,	0.04	\$ 07.07	Ģ12.00	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	CPT	84132	Assay of serum potassium	No	\$ 43.	23 !	6.66	\$ 62.65	\$12.85	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84132	Assay of serum potassium	No	\$ 43.	23	6.66	\$ 62.65	\$12.85	Per Unit
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Laboratori C Dathalami Camilaas	Heavital Outrations	CDT	04144	Access of managed and managed	No	ć F2		10.77	¢ 00.00	¢20.20	Day Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$ 52.	59 :	18.77	\$ 96.68	\$29.20	Per Unit
				Blood Test - Prostate Specific							
Laboratory & Pathology Services	Hospital Outpatient	CPT	84153	Antigen (PSA) Level	Yes	\$ 74.	21 !	25.75	\$ 116.68	\$49.66	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84154	PSA (prostate specific antigen)	Yes	\$ 106.	34	16.55	\$ 143.15	\$25.75	Per Unit
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labaratari O Bathalari Cardasa	Harristal Order at land	CDT	04403	Burstalia	N-	ć 202		10.70	ć 500.00	ć40.00	Day Helt
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84182	Protein western blot test	No	\$ 382.	72 !	18.76	\$ 588.80	\$40.89	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	84295	Assay of serum sodium	No	\$ 42.	10 !	4.33	\$ 56.67	\$6.73	Per Unit
				Blood Test - Thyroxine (Thyroid							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Chemical) Level, Free	No	\$ 66.	21 !	8.12	\$ 89.13	\$12.63	Per Unit
, 10,11		1			1						
				Blood Test - Thyroid Stimulating							
Laboratori Q Dathalam Carriera	Heavital Outrations	CDT	04443		No.	6 64	07	22.52	ć 110.00	Ć4E 2C	Day Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	54443	Hormone (TSH) Level	No	\$ 64.	07 !	23.52	\$ 119.09	\$45.36	Per Unit
				Blood Test - Thyroid Stimulating							
Laboratory & Pathology Services	Hospital Outpatient	CPT	84443	Hormone (TSH) Level	Yes	\$ 64.	07 !	23.52	\$ 119.09	\$45.36	Per Unit

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Service Category	Service Setting	Type	Code	Description	Services	Casii Piic	e	Charge	<u>Charge</u>	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	84480	Assay triiodothyronine (t3)	No	\$ 96	.31	\$ 12.76	\$ 129.65	\$19.85	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	84484	Assay of troponin quant	No	\$ 81	.70	\$ 10.26	\$ 121.45	\$17.46	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	9/702	Chorionic gonadotropin test	No	\$ 125	.77	\$ 11.54	\$ 169.31	\$21.07	Per Unit
Education y & 1 athlology services	Trospital Outputient	Ci i	04702	chonome gonadotrophi test	140	7 123	.,,	7 11.54	7 103.31	721.07	T CT OTHE
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Laboratory & Pathology Services	Hospital Outpatient	CPT	85014	Hematocrit	No	\$ 26	.95	\$ 2.13	\$ 36.27	\$3.32	Per Unit
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	CPT	85025	Count and Automated WBC	Yes	\$ 77	.98	\$ 10.88	\$ 112.06	\$20.98	Per Unit
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85027	Count (Hemoglobin)	Yes	\$ 60	.79	\$ 5.82	\$ 81.83	\$9.06	Per Unit
	Тоориан очеранени	C	03027	- Count (Terriogicality	103	7 00		* • • • • • • • • • • • • • • • • • • •	+ 02.00	75.00	
Laboratori & Dotholomi Comices	Hamital Outpations	CDT	05340	Clat factor viii abo 1 store	81-	Ċ 4F	07	ć 1C 11	ć 05.50	¢25.00	Dou I Init
Laboratory & Pathology Services	Hospital Outpatient	CPT	85240	Clot factor viii ahg 1 stage	No	\$ 45	.97	\$ 16.11	\$ 95.56	\$25.06	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85378	Fibrin degrade semiquant	No	\$ 53	.57	\$ 7.44	\$ 72.11	\$13.61	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	85610	Blood Test - Clotting Time	Yes	\$ 44	81	\$ 6.01	\$ 64.27	\$11.59	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85613	Russell viper venom diluted	No	\$ 24	.61	\$ 8.24	\$ 70.98	\$13.41	Per Unit
	press waspenderts		55015	The state of the s		7 27		- 0.24	÷ 70.50	7-51-12	
Laboratory 0 Dati 1 Co. 1	Hamital Outrati	CDT	05000	DDC CICKLE CELL TECT			22			67.74	Dan Hatt
Laboratory & Pathology Services	Hospital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$ 53	.32	\$ 4.96	\$ 71.77	\$7.71	Per Unit
				Blood Test - Coagulation							
Laboratory & Pathology Services	Hospital Outpatient	CPT	85730	Assessment	Yes	\$ 46	.01	\$ 5.41	\$ 61.94	\$8.41	Per Unit

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Service Category	Service Setting	туре	coue	Description	<u>Service:</u>	Casii	riice	Charge	Charge	Charge	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	85732	Thromboplastin time partial	No	\$	12.63	\$ 5.82	\$ 36.42	\$9.06	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86140	C-reactive protein	No	\$	48.49	\$ 4.66	\$ 65.28	\$7.25	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86360	T cell absolute count/ratio	No	\$	65.00	\$ 42.28	\$ 211.59	\$65.77	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	96261	T cell absolute count	No	\$	132.78	\$ 24.10	\$ 383.03	\$37.49	Per Unit
Laboratory & Patriology Services	Hospital Outpatient	CFI	90301	i celi absolute coulit	NO	,	132.76	3 24.10	3 363.03	337.43	rei Ollit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86431	Rheumatoid factor quant	No	\$	52.70	\$ 5.10	\$ 70.95	\$7.94	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$	37.81	\$ 3.84	\$ 50.90	\$5.98	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86592	Syphilis test non-trep qual	No	\$	37.81	\$ 3.84	\$ 50.90	\$5.98	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$	57.37	\$ 9.16	\$ 165.50	\$14.25	Per Unit
Laboratory & Fathology Services	nospital outputient	Ci i	00011	Dartonella antibody	140	7	37.37	ÿ 5.10	3 103.30	ÿ14.23	T CT OTHE
Laboratory & Dathalam Camilia	Hasnital Outpatiant	CDT	00045	Pordetelle entilee de	N1 =	ا د	25.74	ć 11.07	ć 94.4F	¢10.47	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86615	Bordetella antibody	No	\$	25.74	\$ 11.87	\$ 81.45	\$18.47	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86651	Encephalitis californ antbdy	No	\$	25.74	\$ 11.87	\$ 110.13	\$18.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86652	Encephaltis east eqne anbdy	No	\$	25.74	\$ 11.87	\$ 110.13	\$18.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86653	Encephaltis st louis antbody	No	Ś	25.74	\$ 11.87	\$ 110.13	\$18.47	Per Unit
Education y & Fathology Scrutces	nospital outputient	J	30033	Endephates at louis antibody	110	7	23.74	y 11.07	7 110.13	710.77	. c. ome

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Laboratory & Pathology Services	Hospital Outpatient	CPT	86654	Encephaltis west eqne antbdy	No	\$ 25.7	4 \$	11.87	\$ 110.13	\$18.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86663	Epstein-barr antibody	No	\$ 25.6	0 \$	11.81	\$ 83.21	\$18.37	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86677	Helicobacter pylori antibody	No	\$ 30.6	8 \$	15.13	\$ 63.03	\$23.59	Per Unit
Laboratory & Fathology Services	Tiospital Outputient	Ci i	80077	Treneobacter pylori antibody	140	ÿ 30.0	9	15.15	7 03.03	723.33	T CT OTHE
Laboratory & Pathology Services	Hospital Outpatient	CPT	86692	Hepatitis delta agent antbdy	No	\$ 29.1	6 \$	15.44	\$ 50.98	\$24.02	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86698	Histoplasma antibody	No	\$ 79.6	5 \$	12.41	\$ 107.23	\$19.31	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86704	HEP B CORE ANTIBODY TOTAL	No	\$ 86.1	1 \$	10.85	\$ 115.92	\$16.87	Per Unit
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Laboratory & Dathology Convices	Hespital Outpations	CDT	00705	HEP B CORE ANTIBODY IGM	No	\$ 22.9	8 \$	10.59	\$ 57.38	\$16.48	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86705	HEP B CORE ANTIBODY IGIVI	No	\$ 22.5	0 3	10.55	\$ 57.56	\$10.46	Per Offit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86706	HEP B SURFACE ANTIBODY	No	\$ 98.9	8 \$	9.67	\$ 133.25	\$15.04	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86707	Hepatitis be antibody	No	\$ 22.5	6 \$	10.41	\$ 65.09	\$16.20	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$ 22.7	1 \$	11.15	\$ 56.71	\$17.35	Per Unit
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Laboratory & Pathology Convices	Hospital Outpations	СРТ	86762	Rubella antibody	No	\$ 78.1	9 \$	12.95	\$ 225.56	\$20.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CFI	00/02	Rubella antibody	140	1.6/ ب	7 7	12.33	225.30	320.13	rei Uiiit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86765	Rubeola antibody	No	\$ 25.1	4 \$	11.59	\$ 72.53	\$18.03	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
				05750 SARS COV 3 COVID 40						
				86769 - SARS-COV-2 COVID-19						
Laboratory & Pathology Services	Hospital Outpatient	CPT	86769	ANTIBODY	No	\$ 51.48	\$ -	\$ 112.07	\$58.98	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$18.03	Per Unit
				Blood Test - Hepatitis C Antibody						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	1	No	\$ 67.64	\$ 12.84	\$ 91.06	\$19.98	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$21.69	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$62.46	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$181.17	Per Unit
,										
Laboratory & Pathology Services	Hospital Outpatient	СРТ	96000	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$137.65	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFI	80300	blood typing serologic abo	NO	ÿ 130.33	Ş 3.76	\$ 207.00	\$137.03	reronit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$137.65	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$42.21	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$42.21	Per Unit
7 22 22 20 20 20				71 0					·	
Laboratory & Dathalam Comissa	Hospital Outpations	СРТ	96003	BLOOD TYPE ANTIGEN DONOR CA	No	\$ 5.82	¢ 404	\$ 383.37	¢2E7 01	Por Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	00902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$ 4.84	\$ 383.37	\$357.81	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86920	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 13.44	\$ 344.22	\$181.17	Per Unit

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Service Category	Service Setting	Type	Code	Description	Service?	Casi	1 Price	Charge	<u>Charge</u>	<u>Charge</u>	Estimate Type
Laboratory & Pathology Services	Hospital Outpatient	CPT	87040	Blood culture for bacteria	No	\$	133.90	\$ 9.29	\$ 180.25	\$14.45	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87070	Bacterial Culture - Swab	No	\$	138.63	\$ 7.76	\$ 186.61	\$12.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$	60.43	\$ 7.27	\$ 81.35	\$11.31	Per Unit
Laboratory at ratheredy services	Troopital Outputient	Ci i	07077	Test for Disease-Causing	140	7	00.40	y ,,,,,	ÿ 02.05	V11.01	T CT OTHE
				(Pathogenic) Organisms, Not		_	04.47	A = 0=	400.00	40.00	
Laboratory & Pathology Services	Hospital Outpatient	CPT	87081	Limited to a Specific Condition	No	\$	81.17	\$ 5.97	\$ 109.26	\$9.28	Per Unit
				Urine Test - Bacterial Culture,							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87086	Quantitative Colony Count	No	\$	82.16	\$ 7.26	\$ 110.60	\$11.30	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87088	Urine Test - Bacterial Culture	No	\$	15.80	\$ 7.28	\$ 43.86	\$11.33	Per Unit
,								-			
Laboratory & Pathology Services	Hospital Outpatient	СРТ	97110	Chlamydia culture	No	\$	130.74	\$ 17.64	\$ 175.99	\$27.44	Per Unit
Laboratory & Patriology Services	nospital Outpatient	CFT	8/110	Cinality dia Culture	NO	Ÿ	130.74	ÿ 17.0 4	3 173.33	327.44	rei oiiit
				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	\$12.11	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87205	Lab Test - Smear for Microorganism	No	\$	49.93	\$ 3.84	\$ 67.21	\$5.98	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	\$14.46	Per Unit
7 22 22 20 20 20					***	ľ					
				Lab Test - Detection test for HIV-1							
Laboratory & Pathology Convices	Hospital Outpations	СРТ	97200	and HIV-2	No	Ś	110.43	\$ 21.67	\$ 148.66	\$33.71	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CFI	0/303	and my-2	IVU	۶	110.43	y 21.0/	y 140.00	333./I	rei Uiiit
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Laboratory & Pathology Services	Hospital Outpatient	CPT	87425	Rotavirus ag ia	No	\$	37.44	\$ 10.78	\$ 108.00	\$16.77	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	CPT	87491	Urine Test - Chlamydia	No	\$	108.43	\$ 31.58	\$ 171.03	\$49.13	Per Unit
				Urine Test - Gonorrhoeae							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87591	(Neisseria Gonorrhoeae Bacteria)	No	\$	90.13	\$ 31.58	\$ 171.03	\$49.13	Per Unit
			-			*		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7 30320	
				87635 - SARS-COV-2 COVID-19							
Laboratory & Pathology Services	Hospital Outpatient	CPT	87635	AMP PRB	No	\$	53.36	\$ -	\$ 136.48	\$71.83	Per Unit

Laboratory & Pathology Services	Hospital Outpatient	CPT	87798	Detect agent nos dna amp	No	\$	90.13	\$ 31.58	\$ 171.03	\$49.13	Per Unit
				Lab Test - Detection test for							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87804	Influenza Virus	No	\$	37.58	\$ 19.82	\$ 70.50	\$44.69	Per Unit
	The special contraction of the special contracti		0.00.			*	•/100	7 25:02	70.00	4.1.00	
Laboratory & Pathology Services	Hospital Outpatient	CPT	87880	Strep Test (Streptococcus, group A)	No	\$	101.56	\$ 19.87	\$ 143.48	\$44.63	Per Unit

Laboratory & Pathology Services	Hospital Outpatient	CPT	88185	Flowcytometry/tc add-on	No	\$	68.81	\$ -	\$ 120.30	\$28.10	Per Unit
				Immunization Administration First							
Vaccinations	Physician Office	СРТ	90460	Component	No	\$	40.10	\$ 11.68	\$ 75.93	\$17.47	Per Unit
	,	1 1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7		,	, , , , , , , ,	+	2. 2
				Immunization Administration Each							
Vaccinations	Physician Office	CPT	90461	Additional Component	No	\$	25.13	\$ 10.49	\$ 38.51	\$15.69	Per Unit
								A =		402.04	
Vaccinations	Hospital Outpatient	CPT	90471	Immunization Administration	No	\$	44.49	\$ 7.02	\$ 81.80	\$93.81	Per Unit
				Immunization Administration Each							
Vaccinations	Hospital Outpatient	СРТ	90472	Additional Component	No	\$	12.56	\$ -	\$ 38.51	\$32.59	Per Unit
	Proper and a selection	1 1				7		•	, 55.51	752.00	2. 2
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	00670	for Injection into Muscle	No	\$ 285	.59	\$ 9.56	\$ 345.21	\$322.20	Per Unit
Vaccination	nospital Outpatient	CFI	30070	Vaccine - Tetanus, Diptheria	NO	ÿ 203	.33 .	ÿ 9.30	3 343.21	3322.20	reronit
				Toxoids, and Acellular Pertussis							
				(Whooping Cough) for Injection							
Vaccination	Hospital Outpatient	СРТ	90715	into Muscle	No	\$ 57	.74	\$ -	\$ 77.73	\$47.99	Per Unit
vaccination	Hospital Outpatient	CPI	90/13	Into Muscle	NO	3 3/	./4	-	\$ 77.75	\$47.55	Per Unit
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Evaluation & Management Services	Professional Services	CPT	90/91	Psychiatric Diagnostic Evaluation	No	\$ 308	.81	\$ 118.93	\$ 198.74	\$161.47	Per Unit
Evaluation & Management Services	Professional Services	CPT	90832	Psychotherapy - 30 Minutes	Yes	\$ 88	.03	\$ 57.92	\$ 99.25	\$80.64	Per Unit
Evaluation & Management Services	Professional Services	CPT	90834	Psychotherapy - 45 Minutes	Yes	\$ 116	.77	\$ 77.37	\$ 132.34	\$107.52	Per Unit
Evaluation & Management Services	Professional Services	CPT	90837	Psychotherapy - 60 Minutes	Yes		.90	\$ 116.00		\$161.06	Per Unit
						N/A No			N/A No	N/A No	
						Service			Service	Service	
Evaluation & Management Services	Professional Services	CPT	90846	Family psytx w/o pt 50 min	Yes	Volume		\$ -	Volume	Volume	Per Unit
Evaluation & Management Services	Professional Services	CPT	90847	Psychotherapy - Family Session	Yes		.15	\$ 97.13	\$ 166.18	\$135.02	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	CPT	92507	SPEECH/HEARING THERAPY	No	\$ 52	.00	\$ 17.40	\$ 251.43	\$107.76	Per Unit
								-			
				Electrocardiogram, routine, with							
Medicine Cardiovascular	Professional Services	CPT	93000	interpretation and report	Yes	\$ 36	.27	\$ 28.12	\$ 95.52	\$20.66	Per Unit
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Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$	471.40	\$	61.00	\$	634.57	\$319.54	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	No	\$	1,404.83	Ś	322.26	Ś	1,593.05	\$701.87	Per Unit
			30000	The try deppirer complete		Ť		Ψ		_	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4702.07	
				Insertion of catheter into left heart									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	02452	for diagnosis	Yes	\$	8,847.45	\$	570 02	ċ	12,920.92	\$3,893.75	Case Rate
Tiospital Outpatient Procedure	nospital Outpatient	CFI	33432	Tor diagnosis	Tes	7	0,047.43	7	373.33	7	12,320.32	33,833.73	Case Nate
		CD-		F			242.54	_	00.64		400.57	44.50.57	B
Medicine Other	Hospital Outpatient	CPT	93971	Extremity study	No	\$	240.64	\$	92.64	\$	400.67	\$169.65	Per Unit
Medicine Other	Hospital Outpatient	CPT	95044	Allergy patch tests	No	\$	189.82	\$	-	\$	1,229.53	\$1,147.56	Per Unit
							N/A No		N/A No		N/A No	N/A No	
Medicine Neurology and							Service	9	Service		Service	Service	
Neuromuscular	Hospital Outpatient	CPT	95810	Sleep study	Yes		Volume	١.	/olume		Volume	Volume	Per Unit
Injections	Hospital Outpatient	СРТ	96402	Chemo hormon antineopl sq/im	No	\$	110.26	\$	66.86	\$	196.20	\$114.35	Case Rate
				Physical Therapy - Manual									
Medicine Physical Medicine and				Electrical Stimulation Therapy, 15									
Rehabilitation	Hospital Outpatient	СРТ	97032	minutes	No	\$	31.26	Ś	12.56	Ś	59.90	\$20.15	Per Unit
	Program of any and			1.555		-	32.20	T		7	30.00	7-2	
Medicine Physical Medicine and				Physical Therapy - Ultrasound									
Rehabilitation	Hospital Outpatient	СРТ	97025	Therapy	No	\$	26.92	Ś	11.95	Ġ	40.29	\$19.47	Per Unit
nerrabilitation	Trospital Outputient	CF I	37033	тегару	140	ب	20.32	7	11.55	ب	70.23	Q13.77	. Cr Omt
Madisine Dhysical Madisine and				Dhysical Thereny, Therenes:									
Medicine Physical Medicine and				Physical Therapy - Therapeutic		_			45.00		400.00	444.00	5 11 15
Rehabilitation	Hospital Outpatient	CPT	97110	Exercises	Yes	\$	88.74	\$	17.40	\$	119.46	\$41.38	Per Unit
Medicine Physical Medicine and				Physical Therapy - Neuromuscular									
Rehabilitation	Hospital Outpatient	CPT	97112	Reeducation	No	\$	69.93	\$	26.14	\$	104.78	\$47.53	Per Unit
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	CPT	97116	GAIT TRAINING THERAPY	No	\$	77.61	\$	22.90	\$	104.48	\$40.92	Per Unit
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Madisine Dhysical Madisine and											
Medicine Physical Medicine and						A		22.72	4 00 00	400.44	
Rehabilitation	Hospital Outpatient	CPT	97140	Physical Therapy - Manual Therapy	No	\$ 56.20	\$	23.73	\$ 93.92	\$38.11	Per Unit
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Medicine Physical Medicine and				Physical Therapy - Low Complexity							
Rehabilitation	Hospital Outpatient	CPT	97161	Evaluation	No	\$ 168.06	5 \$	71.97	\$ 252.78	\$115.40	Per Unit
Medicine Physical Medicine and				Physical Therapy - Moderate							
Rehabilitation	Hospital Outpatient	CPT	97162	Complexity Evaluation	No	\$ 62.40	\$	71.97	\$ 252.78	\$115.40	Per Unit
Medicine Physical Medicine and				Physical Therapy - High Complexity							
Rehabilitation	Hospital Outpatient	CPT	97163	Evaluation	No	\$ 168.06	\$	71.97	\$ 252.78	\$115.40	Per Unit
Medicine Physical Medicine and											
Rehabilitation	Hospital Outpatient	CPT	97164	Physical Therapy - Re-Evaluation	No	\$ 113.34	\$	48.67	\$ 170.97	\$79.00	Per Unit
						-			-		
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97165	OT EVAL LOW COMPLEX 30 MIN	No	\$ 180.88	Ś	77.05	\$ 245.32	\$122.19	Per Unit
,		U. .	07200			7	1		·	,	
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$ 62.40	s	72.00	\$ 245.32	\$121.74	Per Unit
incularic occupational incrapy	Trospital Outputient	CFT	37100	OT EVAL MOD COMITEEX 45 MIN	140	y 02.40	, ,	72.00	ÿ 243.32	7121.74	T CT OTHE
Modicine Physical Modicine and				Physical Thorany Thorangustic						1	
Medicine Physical Medicine and	Hospital Outpationt	CDT	07530	Physical Therapy - Therapeutic	N-	\$ 92.45		17.40	\$ 124.45	ĆE2 CE	Dor Unit
Rehabilitation	Hospital Outpatient	CPT	3/530	Activities	No	\$ 92.45	7	17.40	β 124.45	\$52.65	Per Unit
										1	
Bandistan Dissertant Bandistan				Dharias I Thamana California						1	
Medicine Physical Medicine and				Physical Therapy - Self-care or						4	
Rehabilitation	Hospital Outpatient	CPT	97535	Home Management Training	No	\$ 68.89	\$	-	\$ 109.03	\$45.91	Per Unit
							1.				
Evaluation & Management Services	Professional Services	CPT	99024	Postop follow-up visit	No	\$ -	\$	-	\$ 14.27	\$0.00	Per Unit
Evaluation & Management Services	Drofossional Convises	CPT	00202	Office Visit - New Patient, Minor	No	\$ 167.93) c	90.34	\$ 200.08	\$63.04	Per Unit

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				Office Visit - New Patient, Low						
Evaluation & Management Services	Professional Services	CPT	99203	Complexity	Yes	\$ 182.06	\$ 132.54	\$ 273.99	\$94.55	Per Unit
				Office Visit - New Patient,						
Evaluation & Management Services	Professional Services	CPT	99204	Moderate Complexity	Yes	\$ 250.69	\$ 177.01	\$ 432.49	\$161.77	Per Unit
				New patient office of other						
Evaluation & Management Services	Professional Services	СРТ	99205	outpatient visit, typically 60 min	Yes	\$ 448.04	\$ 156.38	\$ 553.76	\$211.38	Per Unit
Evaluation a Management Services	Totessional services	CII	33203	outputient visity typicany oo iniii	103	7 440104	7 130.30	ÿ 333.70	7211.00	T CT OTHE
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Evaluation & Management Services	Professional Services	CPT	99212	Office Visit - Basic	No	\$ 58.74	\$ 46.41	\$ 133.24	\$32.14	Per Unit
				Office Visit - Established Patient,						
Evaluation & Management Services	Professional Services	CPT	99213	Low Complexity	No	\$ 99.67	\$ 81.71	\$ 201.59	\$64.26	Per Unit
				Office Visit - Established Patient,						
Evaluation & Management Services	Professional Services	CPT	99214	Moderate Complexity	No	\$ 151.19	\$ 140.90	\$ 279.47	\$99.10	Per Unit
_									-	
				Office Visit - Established Patient,						
Evaluation & Management Services	Professional Services	СРТ	00215	High Complexity	No	\$ 315.87	\$ 192.33	\$ 385.34	\$140.04	Per Unit
Evaluation & Management Services	Professional Services	CFI	33213	Tigir complexity	NO	y 313.87	ÿ 132.33	ÿ 383.34	\$140.04	reronit
Professional Services Associated										
with Inpatient Stay	Professional Services	CPT	99232	Subsequent hospital care	No	\$ 159.88	\$ 50.60	\$ 111.92	\$90.94	Per Unit
				Patient office consultation,						
Evaluation & Management Services	Professional Services	CPT	99243	typically 40 min	Yes	\$ 212.43	\$-	\$ 142.18	\$0.00	Per Unit
				Patient office consultation,						
Evaluation & Management Services	Professional Services	СРТ	99244	typically 60 min	Yes	\$ 338.80	\$-	\$ 226.38	\$0.00	Per Unit
2 2 2 2 3 2										
				Emergency Department Visit -						
Emergency Room Visit	Hospital Outpations	СРТ	99281	Minor (outpatient)	No	\$ 230.81	\$ 74.98	\$ 689.88	\$117.62	Case Rate
Emergency Room Visit	Hospital Outpatient	CFI	33201	ivinior (outpatient)	140	φ 250.81	7 /4.38	y 003.88	3117.02	case nate
		1		Emergency Department Visit - Low	_					
Emergency Room Visit	Hospital Outpatient	CPT	99282	Complexity (outpatient)	No	\$ 430.38	\$ 93.52	\$ 1,114.22	\$277.39	Case Rate

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				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	СРТ	99283	Moderate Complexity (outpatient)	No	Ś	932.99	Ś	182.62	\$	2,714.83	\$398.20	Case Rate
		J	33233			1		-		_	_,,	7000.00	
				Emergency Department Visit -									
Emergency Room Visit	Hospital Outpatient	СРТ	00294	Higher Complexity (outpatient)	No	\$	2,400.69	ė	270.43	\$	4,475.48	\$594.03	Case Rate
Efficiency Rooffi Visit	nospital Outpatient	CFI	33204	righer complexity (outpatient)	NO	7	2,400.03	Ą	270.43	Ą	4,473.40	3334.03	Case Nate
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Foreign Design Mode				Emergency Department Visit - High		١,	2 4 4 0 0 4	,	450.20		E 000 0E	64 772 02	C D-t-
Emergency Room Visit	Hospital Outpatient	CPT	99285	Complexity (outpatient)	No	\$	3,149.91	\$	458.20	\$	5,806.95	\$1,773.92	Case Rate
				Emergency Department Visit -		١.							
Emergency Room Visit	Hospital Outpatient	CPT	99291	Critical Care (outpatient)	No	\$	17,860.61	\$	425.50	\$	6,308.07	\$2,390.84	Case Rate
				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-									
Evaluation & Management Services	Professional Services	СРТ	99382	4 Years Old	No	\$	163.82	Ś		\$	236.91	\$0.00	Per Unit
Evaluation & Management Scrivices	Troressional services	Ci i	33302	Office Visit - Comprehensive	110	7	103.02	Ψ		Υ	250.51	ψο.σσ	T CT OTHE
				Preventive Medicine Evaluation									
Fralization & Management Construct	Duefessional Compless	CDT	00303	and Management, New Patient, 5-	No	ا ا	170.00		_	,	412.46	ć0.00	Don Hait
Evaluation & Management Services	Professional Services	СРТ	77383	11 Years Old	No	\$	170.96	Þ	-	\$	413.46	\$0.00	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 12-		_						4	
Evaluation & Management Services	Protessional Services	CPT	99384	17 Years Old	No	\$	193.58	\$	-	\$	280.75	\$0.00	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 18-									
Evaluation & Management Services	Professional Services	CPT	99385	39 Years Old	Yes	\$	187.80	\$	59.23	\$	347.60	\$89.25	Per Unit
				Office Visit - Comprehensive									
				Preventive Medicine Evaluation									
				and Management, New Patient, 40-									
Evaluation & Management Services	Professional Services	СРТ	99386	64 Years Old	Yes	\$	217.32	\$	91.72	\$	1,293.56	\$119.24	Per Unit
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				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
				and Management, Younger than 1								
Evaluation & Management Services	Professional Services	СРТ	99391	Year Old	No	\$ 141.	19 9	-	\$	267.83	\$0.00	Per Unit
									•			
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
Evaluation & Management Services	Professional Services	СРТ	99392	and Management, 1-4 Years Old	No	\$ 150.	93	-	\$	305.91	\$0.00	Per Unit
						-						
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
Evaluation & Management Services	Professional Services	СРТ	99393	and Management, 5-11 Years Old	No	\$ 150.	44 5	-	\$	305.91	\$0.00	Per Unit
											-	
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
Evaluation & Management Services	Professional Services	СРТ	99394	and Management, 12-17 Years Old	No	\$ 165.	14 5	-	\$	398.57	\$0.00	Per Unit
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
Evaluation & Management Services	Professional Services	CPT	99395	and Management, 18-39 Years Old	No	\$ 168.	81 5	37.07	\$	304.60	\$48.19	Per Unit
				Office Visit - Comprehensive								
				Preventive Medicine Reevaluation								
Evaluation & Management Services	Professional Services	CPT	99396	and Management, 40-64 Years Old	No	\$ 180.	12 5	64.57	\$	429.79	\$83.95	Per Unit
Exablate	Hospital Outpatient	СРТ	0398T	Focused Ultrasound	No	\$ 32,139.	56	11,272.90	\$	11,272.90	\$0.00	Case Rate
Vaccinations	Hospital Outpatient	CPT	G0008	Admin influenza virus vaccine	No	\$ 70.	15 5	-	\$	126.95	\$63.57	Per Unit

										Amount We Estimate You Will Owe *	
To Search for a service Click "CTRL" + "F"											
Service Category	Service Setting	Code Type	Code	<u>Description</u>	CMS Required Shoppable Service?		counted sh 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	\$ -	\$ -	\$67.57	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	No	\$	773.99	\$ 46.24	\$ 1,424.46	\$334.01	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	\$ 1	15,685.71	\$ 605.00	\$ 24,131.86	\$3,034.15	Per Unit
Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$	130.00	\$ 74.02	\$ 200.00	\$146.36	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$	476.03	\$ -	\$ 732.35	\$160.20	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$	0.22	\$ 0.03	\$ 0.34	\$0.04	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$	2.13	\$ 0.78	\$ 3.27	\$1.22	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$	26.95	\$ -	\$ 89.11	\$14.31	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$	2,818.54	\$ -	\$ 4,336.21	\$314.23	Per Unit