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Optum VA Community Care	Last Updated: 12/7/2020									
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Service Category	Service Setting	<u>Type</u>	<u>Code</u>	Description	Service?	Cash Price	Charge_	Charge_	Charge	Estimate Type
										Case Rate-
										Excluding
				Cardiac valve and other major						Professional
				cardiothoracic procedures with		N/A No	N/A No	N/A No	N/A No	Charges which
				cardiac catheterization with major		Service	Service	Service	Service	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	216	complications or comorbidities	Yes	Volume	Volume	Volume	Volume	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
										are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	291	HEART FAILURE SHOCK W MCC	No	\$ 22,180.96	\$ 5,517.78	\$ 31,074.55	\$21,430.72	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
				Spinal fusion except cervical						Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		or complications (MCC)	Yes	\$ 89,541.22	\$ 16,237.64	\$ 58,989.92	\$40,682.71	CPT/HCPCS
										Case Rate-
										Excluding
				Major joint replacement or						Professional
				reattachment of lower extremity						Charges which
				without major comorbid conditions						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG		or complications (MCC).	Yes	\$ 26,747.32	\$ 8 070 44	\$ 37,721.88	\$26,015.09	CPT/HCPCS
nospital inpatient Stay	nospital inputient	Dird	-70	er complications (wee).	165	<i>♀</i> 20,7 1 7.32	÷ 0,070.44	÷ 57,721.00	\$20,013.03	
										Case Rate-
				Constant and a fastion with a li						Excluding
				Cervical spinal fusion without						Professional
				comorbid conditions (CC) or major						Charges which
				comorbid conditions or						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	473	complications (MCC).	Yes	\$ 37,083.10	Ş 10,123.74	\$ 62,430.00	\$30,020.70	CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> <u>Туре</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	De-Identified <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG		HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	No	\$ 69,180.99	\$ 12,375.85	\$ 48,933.51	\$33,747.25	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	No	\$ 45,651.13	\$ 8,559.98	\$ 38,996.68	\$26,894.26	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	No	\$ 36,964.29	\$ 6,745.7 <u>3</u>	\$ 37,731.25	\$23,636.02	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR W CC	Νο	\$ 45,467.21	\$ 9,438.20	\$ 41,283.64	\$28,471.47	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	Туре	<u>Code</u>	Description	Servicer	Casil Price	Charge_	<u>Charge</u>	Charge	Estimate Type
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Upper the Line of the start Character	the entire line estimation of			EXCEPT HIP, FOOT, FEMUR W/O		¢ 24.404.02	¢ 7 426 74	¢ 43.000.35	634.050.00	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	494	CC/MCC	No	\$ 34,101.03	\$ 7,426.74	\$ 43,066.25	\$24,859.06	CPT/HCPCS
										Case Rate-
										Excluding
				Uterine and adnexa procedures for						Professional
				non-malignancy without comorbid						Charges which
				conditions (CC) or major comorbid						are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	743	conditions or complications (MCC)	Yes	\$ 18,033.90	\$ 3,828.29	\$ 28,968.03	\$19,977.95	CPT/HCPCS
nospital inpatient stay		DRG	743	conditions of complications (MCC)	Tes	\$ 18,033.50	\$ 3,020.29	\$ 20,500.03	\$19,977.95	CF T/HCFC3
										Case Rate-
										Excluding
										Professional
										Charges which
Hermitel Impetient Story	Lipperited investigant	DBC	811	RED BLOOD CELL DISORDERS W	Ne	¢ 10 042 24	ć 4.255.02	¢ 31.015.03	¢21 200 22	are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	811	MCC	No	\$ 16,643.21	\$ 4,255.93	\$ 31,015.82	\$21,390.22	
										Case Rate-
										Excluding
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										Professional Charges which
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Use and the large strength of the				RED BLOOD CELL DISORDERS W/O		A 43 944 95	6	A 20 000 00	647.000.45	are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	812	MCC	No	\$ 12,941.86	\$ 2,955.18	\$ 26,002.03	\$17,932.44	CPT/HCPCS

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					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Type	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
Service category	Service Setting	туре	coue	Description	Service:	<u>Casil Flice</u>	charge	charge	charge	LStillate Type
				FULL THICKNESS BURN W SKIN						Case Rate- Excluding Professional Charges which are paid by
Hospital Inpatient Stay	Hospital Inpatient	DRG	928	GRAFT OR INHAL INJ W CC/MCC	No	\$ 100,447.05	\$ 21,639.28	\$ 150,000.00	\$57,135.91	CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	No	\$ 53,042.00	\$ 6,540.49	\$ 50,000.00	\$33,180.28	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	935	NON-EXTENSIVE BURNS	No	\$ 21,298.22	\$ 3,301.83	\$ 50,000.00	\$25,749.27	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG		LIMB REATTACHMENT, HIP FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	No	\$ 105,373.59	\$ 16,085.53	\$ 200,000.00	\$40,409.53	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	CMS Required Shoppable Service?	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Hospital Inpatient Stay	Hospital Inpatient	DRG	957	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	No	\$ 139,128.72	\$ 30,888.17	\$ 200,000.00	\$66,993.85	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	958	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	Νο	\$ 73,933.71	\$ 17,182.69	\$ 125,000.00	\$42,379.94	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Hospital Inpatient Stay	Hospital Inpatient	DRG	964	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	No	\$ 34,761.85	\$ 6,123.35	\$ 50,000.00	\$22,518.28	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	768	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	Νο	\$ 10,335.01	\$ 2,464.00	\$ 27,462.61	\$18,939.73	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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<u>Service Category</u>	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified Minimum Negotiated <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG	783	CESAREAN SECTION W STERILIZATION W MCC	No	\$ 11,915.22	\$ 3,570.00	\$ 39,605.25	\$27,313.97	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	784	CESAREAN SECTION W STERILIZATION W CC	No	\$ 9,940.40	\$ 3,570.00	\$ 27,865.12	\$19,217.33	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	785	CESAREAN SECTION W STERILIZATION W/O CC/MCC	No	\$ 8,988.27	\$ 3,519.44	\$ 25,870.71	\$17,841.87	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	786	CESAREAN SECTION W/O STERILIZATION W MCC	No	\$ 12,696.27	\$ 3,570.00	\$ 35,011.06	\$24,145.56	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	787	CESAREAN SECTION W/O STERILIZATION W CC	No	\$ 11,322.59	\$ 2,835.00	\$ 27,868.32	\$19,219.53	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	<u>De-Identified</u> <u>Minimum</u> <u>Negotiated</u> <u>Charge</u>	<u>De-Identified</u> <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> Specific <u>Negotiated</u> <u>Charge</u>	Estimate Type
Maternity/Delivery	Hospital Inpatient	DRG		CESAREAN SECTION W/O STERILIZATION W/O CC/MCC	Νο	\$ 9,626.23	\$ 3,242.44	\$ 26,381.06	\$18,193.83	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG	795	NORMAL NEWBORN	Νο	\$ 1,400.10	\$ 626.89	\$ 18,705.56	\$12,900.38	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG		VAGINAL DELIVERY W STERILIZATION/D&C W CC	No	\$ 12,785.73	\$ 2,464.00	\$ 25,917.69	\$17,874.27	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG		VAGINAL DELIVERY W STERILIZATION/D&C W/O CC/MCC	Νο	\$ 10,897.11	\$ 2,464.00	\$ 25,917.69	\$17,874.27	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Maternity/Delivery	Hospital Inpatient	DRG		VAGINAL DELIVERY W/O STERILIZATION/D&C W MCC	No	\$ 10,518.03	\$ 2,464.00	\$ 27,817.08	\$19,184.19	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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					Required		<u>Minimum</u>	<u>Maximum</u>	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	<u>Type</u>	<u>Code</u>	Description	Service?	Cash Price	Charge_	Charge_	Charge	Estimate Type
										Case Rate-
										Excluding
										Professional Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG		STERILIZATION/D&C W CC	No	\$ 8,616.42	\$ 2,464.00	\$ 24,277.74	\$16,743.27	CPT/HCPCS
Materinity Delivery	nospital inpatient	Dirig	000	STEREIZATION Dae wee		\$ 0,010.42	\$ 2,404.00	<i>y 24,211.14</i>	\$10,743.27	ci i/iici co
										Case Rate-
										Excluding
										Professional
										Charges which
				VAGINAL DELIVERY W/O						are paid by
Maternity/Delivery	Hospital Inpatient	DRG	807	STERILIZATION/D&C W/O CC/MCC	No	\$ 7,318.91	\$ 2,464.00	\$ 23,397.98	\$16,136.54	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital							A	<u>.</u>		are paid by
Stay	Inpatient Rehabilitation Hospital	DRG	945	REHABILITATION W CC/MCC	No	N/A	\$ 14,553.00	\$ 14,553.00	N/A	CPT/HCPCS
										Case Rate-
										Excluding
										Professional
										Charges which
Inpatient Rehabilitation Hospital										are paid by
Stay	Inpatient Rehabilitation Hospital	DRG	946	REHABILITATION W/O CC/MCC	No	N/A	\$ 10,870.00	\$ 10,870.00	N/A	CPT/HCPCS
-			_							
						52% Charges				
						Estimated at				
Inpatient Rehabilitation Hospital				Inpatient Rehabilitation Hospital		\$2,341.96 Per			100%	Per Diem Per
Stay	Inpatient Rehabilitation Hospital	UB	118	Room & Board	No	Diem			Medicare	Day

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Service Category	Service Setting	<u>Code</u> <u>Type</u>	<u>Code</u>	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified <u>Maximum</u> <u>Negotiated</u> <u>Charge</u>	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	Estimate Type
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG		AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC	Νο	N/A	\$ 18,018.00	\$ 18,018.00	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG		AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	No	N/A	\$ 10,435.00	\$ 10,435.00	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Inpatient Skilled Nursing	Inpatient Skilled Nursing	DRG		AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	No	N/A	\$ 7,474.00	\$ 7,474.00	N/A	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Long Term Acute Care Inpatient Stay	Inpatient Long-Term Care Hospital	DRG	LTC189	Pulmonary edema respiratory failure	No	N/A	\$ 74,931.49	\$ 74,931.49	\$37,703.24	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS
Long Term Acute Care Inpatient Stay	Inpatient Long-Term Care Hospital	DRG		Respiratory system diagnosis w ventilator support >96 hours	Νο	N/A	\$ 37,703.24	\$ 37,703.24	\$74,931.49	Case Rate- Excluding Professional Charges which are paid by CPT/HCPCS

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					Required		Minimum	Maximum	Specific	
		Code			Shoppable	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
		-11								
						70% Charges				
						_				
						(Estimated as				
Long Term Acute Care Inpatient	Inpatient Long-Term Care			Long Term Care Intensive Care		\$6,047.26 per	\$1,040 Per	\$1,929 Per		Per Diem Per
Stay	Hospital	UB	200	Room & Board	No	diem)	Diem	Diem	N/A	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &						\$1,109.30 Per			100%	Per Diem Per
Board	Inpatient Skilled Nursing	UB	191	Subacute Care Level 1- Skilled Care	No	Diem	\$ 227.70	\$ 850.00	Medicare	Day
						52% Charges				
						Estimated at				
Chille d Numine Investigat Desarro				Cube suite Come Lawel 2					100%	Dev Dieve Dev
Skilled Nursing Inpatient Room &				Subacute Care Level 2-		\$1,109.30 Per			100%	Per Diem Per
Board	Inpatient Skilled Nursing	UB	192	Comprehensive Care	No	Diem	\$ 299.70	\$ 850.00	Medicare	Day
						52% Charges				
						Estimated at				
Skilled Nursing Inpatient Room &				Subacute Care Level 3- Complex		\$1,109.30 Per			100%	Per Diem Per
Board	Inpatient Skilled Nursing	UB	193	Care	No	Diem	\$ 370.00	\$ 850.00	Medicare	Day
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11102	Biopsy - Tangential Biopsy of Skin	No	\$ 530.90	\$ 161.58	\$ 1,803.41	\$195.16	Case Rate
					-					
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	11104	Biopsy - Punch Biopsy of Skin	No	\$ 584.92	\$ 167.15	\$ 1,829.27	\$204.72	Case Rate
noopital outputient notedule		GET	11104	biopsy i unen biopsy of skill	NU	÷ 504.52	÷ 107.15	÷ 1,023.27	9207.72	cuse nuce
Uponital Outpatient Durandum	Hermitel Outpetient	CDT	17000	Destruction of Locial (automation)	N1 -	¢ 1 4 3 4 7 3	¢ 453.00	¢ 1.024.42	6202 52	Core Data
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	1/000	Destruction of Lesion (outpatient)	No	\$ 1,131.70	\$ 157.92	\$ 1,634.10	\$208.53	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	19083	Bx breast 1st lesion us imag	No	\$ 3,052.42	\$ 381.25	\$ 2,964.36	\$1,392.47	Case Rate

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					Required		Minimum	Maximum	Specific	
		Code				Discounted	Negotiated		Negotiated	
Service Category	Service Setting		Code	Description	Shoppable Service?	Cash Price	Charge	<u>Negotiated</u> Charge	Charge	Estimate Type
Service Category	Service Setting	<u>Type</u>	coue	Description	Service:	N/A No	charge	charge	N/A No	<u>Estimate Type</u>
				Demousl of 1 or more broast						
Usersited Outputient Descendence	Uservited Outputient			Removal of 1 or more breast		Service	~	~	Service	Course Dates
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	19120	growth, open procedure	Yes	Volume	\$-	\$-	Volume	Case Rate
to to obtain a		CDT	20545			é	¢	A 4444	¢202.05	Corres Da 1
Injections	Hospital Outpatient	СРТ	20610	Arthrocentesis (outpatient)	No	\$ 370.58	\$ 182.39	\$ 1,461.73	\$280.05	Case Rate
						.	<u> </u>	<u>.</u>	A	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	27818	Treatment of ankle fracture	No	\$ 1,243.48	\$ 395.00	\$ 2,581.00	\$1,634.13	Case Rate
						N/A No			N/A No	
						Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	29826	Arthroscopic Shoulder Surgery	Yes	Volume	\$-	\$ -	Volume	Case Rate
						N/A No			N/A No	
				Arthroscopic Knee Surgery		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	29881	(outpatient)	Yes	Volume	\$-	\$-	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	31575	Laryngoscopy - Diagnostic	No	\$ 449.87	\$ 135.86	\$ 1,978.02	\$204.50	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	32555	Aspirate pleura w/ imaging	No	\$ 608.39	\$ 288.54	\$ 1,852.06	\$678.61	Case Rate
						N/A No			N/A No	
				Tonsillectomy with Adenoidectomy		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	42820	(outpatient)	Yes	Volume	\$ -	\$ -	Volume	Case Rate
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43235	Diagnostic	Yes	\$ 2,027.21	\$ 61.00	\$ 1,867.74	\$827.47	Case Rate
				Upper Gastrointestinal Endoscopy -						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	43239	With Biopsy	Yes	\$ 1,259.34	\$ 372.00	\$ 2,229.48	\$842.87	Case Rate
				Colonoscopy - Diagnostic						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45378	(outpatient)	Yes	\$ 2,117.86	\$ 335.79	\$ 2,220.88	\$868.43	Case Rate
				Colonoscopy - With Biopsy						
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45380	(outpatient)	Yes	\$ 3,082.66	\$ 343.06	\$ 4,110.45	\$1,100.53	Case Rate

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					Required		Minimum	Maximum	Specific	
		<u>Code</u>			<u>Shoppable</u>	Discounted	Negotiated	Negotiated	Negotiated	
Service Category	Service Setting	Туре	<u>Code</u>	Description	Service?	Cash Price	Charge_	Charge_	Charge_	Estimate Type
				Colonoscopy - With Polyp Removal						
Hospital Outpatient Procedure	Hospital Outpatient	CPT	45385	(outpatient)	Yes	\$ 3,317.89	\$ 354.50	\$ 4,434.15	\$1,153.24	Case Rate
						N/A No			N/A No	
				Ultrasound examination of lower		Service			Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	45391	large bowel using an endoscope	Yes	Volume	\$-	\$-	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	47562	Gall Bladder Surgery (outpatient)	Yes	\$ 12,062.52	\$ 504.75	\$ 18,374.88	\$4,984.16	Case Rate
· · ·										
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49440	Place gastrostomy tube perc	No	\$ 3,111.60	\$ 445.12	\$ 3,166.61	\$1,605.86	Case Rate
			45446			<i>v</i> 0,111.00	v Holiz	Ç 0,100.01	\$2,000,000	cuse nuce
				Ronair of grain harnia nationt age E						
Upperital Outpatient Dragodura	Upperitel Outpetient	CDT	40505	Repair of groin hernia patient age 5	Vee	¢ 0.967.95	ć 470.09	¢ 15 040 02	ća 200 20	Casa Data
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	49505	years or older	Yes	\$ 9,867.85	\$ 470.98	\$ 15,040.03	\$3,298.20	Case Rate
									4-0.00	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	51798	Urine Capacity Measurement	No	\$ 97.04	\$ -	\$ 1,579.20	\$58.86	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	52000	Cystoscopy	No	\$ 1,173.22	\$ 282.78	\$ 1,596.52	\$580.47	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55700	Biopsy of prostate gland	Yes	\$ 1,165.04	\$ 284.76	\$ 2,631.84	\$1,725.00	Case Rate
				Surgical removal of prostate and		N/A No	N/A No	N/A No	N/A No	
				surrounding lymph nodes using an		Service	Service	Service	Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	55866	endoscope	Yes	Volume	Volume	Volume	Volume	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58100	Biopsy - Endometrial (Uterus)	No	\$ 375.83	\$ 144.00	\$ 1,697.39	\$211.79	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	58300	Insert intrauterine device	No	\$ 632.24	\$ 48.93	\$ 1,749.37	\$8.45	Case Rate
			30300			+ 032.24	+ +0.55	+ 1,745.37		case nate
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	59201	Romovo intrautorino dovico	No	\$ 273.85	\$ 32.34	\$ 1.495.58	\$309.32	Case Rate
Hospital Outpatient Procedure	Hospital Outpatient	CPT	10000	Remove intrauterine device	No	÷ 2/3.85	ə 32.34	\$ 1,495.58	3202.22	Case Rale

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Hospital Outpatient Procedure	Hospital Outpatient	СРТ	59025	Fetal Non-Stress Test	No	\$	260.79	\$	118.53	\$	1,596.22	\$177.36	Case Rate
				Routine obstetric care for vaginal									
Professional Services Associated				delivery, including pre-and post-									
with Inpatient Stay	Professional Services	СРТ	59400	delivery care	Yes	\$	4,496.21	Ş	242.00	Ş	3,278.48	\$1,997.58	Case Rate
Professional Services Associated													
with Inpatient Stay	Professional Services	СРТ	59410	Obstetrical care	No	\$	2,230.06	\$	133.91	\$	1,625.81	\$984.35	Case Rate
				Routine obstetric care for cesarean									
Professional Services Associated				delivery, including pre-and post-									
with Inpatient Stay	Professional Services	СРТ	59510	delivery care	Yes	\$	4,966.56	\$	246.05	\$	3,619.13	\$2,205.19	Case Rate
				Routine obstetric care for vaginal									
				delivery after prior cesarean									
Professional Services Associated				delivery including pre-and post-									
with Inpatient Stay	Professional Services	СРТ	59610	delivery care	Yes	\$	4,706.58	\$	305.08	\$	3,429.34	\$2,090.62	Case Rate
				Injection of substance into spinal									
				canal of lower back or sacrum using									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	62322	imaging guidance	Yes	\$	1,055.18	\$	379.33	\$	1,880.39	\$646.00	Case Rate
				Injection of substance into spinal							-		
				canal of lower back or sacrum using									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	62323	imaging guidance	Yes	\$	1,665.98	Ś	305.01	\$	1,988.33	\$660.43	Case Rate
			01010	Injections of anesthetic and/or		-	_,	-		Ŧ			
				steroid drug into lower or sacral									
				spine nerve root using imaging									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	64483	guidance	Yes	\$	1,776.21	¢	358.46	ċ	1,980.49	\$840.76	Case Rate
nospital outpatient Procedure	nospital outpatient	CFT	04403	guidance	163		N/A No	,	330.40	9	1,580.45	N/A No	case hate
				Removal of recurring cataract in			Service					Service	
Hospital Outpatient Presedure	Hospital Outpatient	CDT	66934	_	Vee			Ś	-	\$		Volume	Casa Pata
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	00821	lens capsule using laser	Yes	-	Volume	Ş	-	\$	-		Case Rate
				Democratic fractions startish in a fi			N/A No					N/A No	
				Removal of cataract with insertion			Service					Service	
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	66984	of lens	Yes		/olume	\$	-	\$	-	Volume	Case Rate
						Ι.		Ι.		Ι.			
Hospital Outpatient Procedure	Hospital Outpatient	CPT	69210	Remove impacted ear wax	No	\$	168.99	\$	48.93	\$	1,604.78	\$81.69	Case Rate

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Service Category	Service Setting	<u>Code</u> Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	scounted ash Price	M Ne	Identified inimum gotiated Charge	N N	e-Identified Maximum legotiated Charge	<u>Payer-</u> <u>Specific</u> <u>Negotiated</u> <u>Charge</u>	_Estimate Type
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	No	\$ 901.06	\$	127.22	\$	1,318.18	\$142.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70450	CT Scan - Head/Brain, without Contrast	Yes	\$ 901.06	\$	127.22	\$	1,318.18	\$142.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70482	Ct orbit/ear/fossa w/o&w/dye	No	\$ 2,339.66	\$	207.79	\$	2,657.02	\$226.16	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70486	Ct maxillofacial w/o dye	No	\$ 1,668.57	\$	127.52	\$	2,259.85	\$143.02	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70496	Ct angiography head	No	\$ 1,871.05	\$	223.05	\$	1,996.31	\$249.86	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70498	Ct angiography neck	No	\$ 1,632.72	\$	223.05	\$	1,677.63	\$249.86	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70551	MRI BRAIN STEM W/O DYE	No	\$ 1,518.19	\$	252.20	\$	2,270.30	\$282.84	Per Unit
Radiology Services	Hospital Outpatient	СРТ	70553	MRI - Brain (outpatient)	Yes	\$ 2,314.59	\$	406.50	\$	3,409.54	\$456.53	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71045	X-ray exam chest 1 view	No	\$ 138.11	\$	19.91	\$	181.37	\$80.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71046	X-Ray - Chest (outpatient)	No	\$ 148.99	\$	31.50	\$	193.55	\$82.68	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71110	X-ray exam ribs bil 3 views	No	\$ 205.20	\$	38.07	\$	271.73	\$115.60	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71250	CT THORAX W/O DYE	No	\$ 1,024.52	\$	141.11	\$	1,468.48	\$157.77	Per Unit

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				CT Scan - Chest, with Contrast									
Radiology Services	Hospital Outpatient	СРТ	71260	(outpatient)	No	\$	1,448.52	\$	200.76	\$ 2,03	34.88	\$225.40	Per Unit
Radiology Services	Hospital Outpatient	СРТ	71275	Ct angiography chest	No	\$	1,935.65	\$	226.19	\$ 2,09	92.27	\$253.36	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72040	X-Ray - Neck, Cervical Spine	No	\$	154.65	\$	37.93	\$ 2	04.42	\$83.01	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72070	X-Ray - Middle Back, Thoracic Spine	No	\$	251.61	\$	33.93	\$ 3	38.99	\$111.06	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	72100	X-Ray - Spine (outpatient)	No	\$	199.60	Ś	37.93	\$ 2	65.1 3	\$112.11	Per Unit
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				X-Ray, lower back, minimum four									
Radiology Services	Hospital Outpatient	СРТ	72110		Yes	\$	213.64	s	52.80	\$ 2	84.93	\$113.87	Per Unit
			72110			· ·		-		÷ -		+	
Radiology Services	Hospital Outpatient	СРТ	72125	Ct neck spine w/o dye	No	\$	1,459.37	ċ	136.86	\$ 1,7	50.92	\$150.06	Per Unit
Natiology Services	nospital outpatient	CPT	72125	ct netk spine w/o uye	NO	,	1,433.37	2	130.00	φ 1,7.	50.52	\$130.00	reronit
Padialam: Comisso	Upperitel Outpetient	СРТ	70100	Chanada amina wu (dwa	No		1,293.16	~	260.86	\$ 1,82	21.59	\$404.05	Per Unit
Radiology Services	Hospital Outpatient	CPT	72120	Ct neck spine w/dye	NO	>	1,295.10	?	200.00	Ş 1,04	21.59	3404.05	Per Unit
Padialam Canvissa	Hospital Outpatient	CDT	72427	Ct nock spine w/s 8 w/dws	N1	\$	1 015 02	è	201 72	6 34	10 /0	622C 49	Dor Unit
Radiology Services	Hospital Outpatient	СРТ	/212/	Ct neck spine w/o & w/dye	No	>	1,815.93	Ş	201.73	\$ 2,1:	18.48	\$226.48	Per Unit
									400.05			400 C 00	B 11 11
Radiology Services	Hospital Outpatient	СРТ	72129	Ct chest spine w/dye	No	\$	1,520.66	Ş	199.82	\$ 1,80	05.90	\$224.03	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72132	Ct lumbar spine w/dye	No	\$	1,518.43	\$	260.86	\$ 1,80)5.90	\$404.05	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72133	Ct lumbar spine w/o & w/dye	No	\$	1,904.42	\$	201.90	\$ 2,23	38.70	\$226.16	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	72141	MRI NECK SPINE W/O DYE	No	\$	1,441.84	Ş	252.20	Ş	2,177.11	\$282.84	Per Unit
								Ι.					
Radiology Services	Hospital Outpatient	СРТ	72148	MRI - Back (outpatient)	Yes	\$	1,381.13	\$	252.20	\$	2,137.12	\$282.84	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72170	X-Ray - Pelvis	No	\$	249.04	\$	28.72	\$	327.10	\$109.65	Per Unit
Radiology Services	Hospital Outpatient	CPT	72190	X-RAY EXAM OF PELVIS	No	\$	208.53	\$	39.60	\$	264.73	\$113.51	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72193	CT scan, pelvis, with contrast	Yes	\$	1,536.96	\$	197.29	\$	2,142.05	\$221.03	Per Unit
Radiology Services	Hospital Outpatient	СРТ	72197	MRI - Pelvis (outpatient)	No	\$	2,448.72	\$	402.71	\$	3,522.33	\$451.62	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73000	X-ray exam of collar bone	No	\$	147.59	\$	22.40	\$	185.92	\$80.19	Per Unit
												-	
Radiology Services	Hospital Outpatient	СРТ	73010	X-ray exam of shoulder blade	No	\$	196.93	\$	26.01	\$	251.93	\$109.98	Per Unit
								-					
Radiology Services	Hospital Outpatient	СРТ	73030	X-Ray - Shoulder (outpatient)	No	\$	149.50	\$	28.33	\$	196.92	\$81.24	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	73060	X-RAY EXAM OF HUMERUS	No	\$	147.62	Ś	29.40	Ś	195.82	\$80.19	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	73070	X-ray exam of elbow	No	\$	146.83	¢	25.07	Ś	191.42	\$80.19	Per Unit
NEW DIDEA DELAICES		GET	73070	A ray exam or endow	NU	~	140.03	Ý	23.07	Y	191.42	300.13	i ei onit
Padialagy Sanvisa-	Hernitel Outpatient	CDT	72090		Ne		122.02	ć	26.72	ć	154.02	600 FF	Dox Unit
Radiology Services	Hospital Outpatient	CPT	13080	X-RAY EXAM OF ELBOW	No	\$	122.83	>	26.72	\$	154.02	\$80.55	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	73090	X-RAY EXAM OF FOREARM	No	\$	117.10	s	26.40	\$	151.82	\$80.19	Per Unit
			73050			Ŷ	11/110	Ψ	20140	Ŷ	101102	<i>400.13</i>	
Radiology Services	Hospital Outpatient	СРТ	73110	X-Ray - Wrist (outpatient)	No	\$	156.52	s	30.72	\$	196.19	\$80.55	Per Unit
		c. .	/0110			Ŷ	100.02	Ψ	50.72	Ŷ	150.15	<i>400.00</i>	
Radiology Services	Hospital Outpatient	СРТ	73120	X-RAY EXAM OF HAND	No	\$	192.03	Ś	24.40	\$	249.73	\$109.29	Per Unit
		C . 1	70120			•		•		*		PICONID	
Radiology Services	Hospital Outpatient	СРТ	73130	X-Ray - Hand	No	\$	151.54	¢	32.72	\$	198.42	\$80.55	Per Unit
nationogy services	nospital outpatient	CFT	75150	X-Ruy - Hunu		Ŷ	151.54	Y	52.72	Ŷ	150.42	Ş00.55	T CT ONIC
Radiology Services	Hospital Outpatient	СРТ	73221	MRI - Shoulder, Elbow, or Wrist	No	\$	1,211.82	s	246.65	\$ 1	,702.46	\$277.17	Per Unit
		c. .	70221			Ŷ	1,211102	Ψ	240100	Ý -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ų,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Radiology Services	Hospital Outpatient	СРТ	73502	X-Ray - Hip	No	\$	129.58	Ś	37.77	\$	197.91	\$83.01	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	73552	X-RAY EXAM OF FEMUR 2/>	No	\$	150.51	Ś	29.51	Ś	189.38	\$80.92	Per Unit
		.				+		•		T			
Radiology Services	Hospital Outpatient	СРТ	73560	X-RAY EXAM OF KNEE 1 OR 2	No	\$	201.92	\$	32.40	\$	266.82	\$80.19	Per Unit
	• • • •				_				-			• •	-
Radiology Services	Hospital Outpatient	СРТ	73562	X-Ray - Knee (outpatient)	No	\$	263.50	\$	36.52	\$	351.25	\$81.24	Per Unit
	-												
Radiology Services	Hospital Outpatient	СРТ	73590	X-ray exam of lower leg	No	\$	239.62	\$	32.40	\$	321.48	\$79.87	Per Unit
	-												
Radiology Services	Hospital Outpatient	СРТ	73600	X-RAY EXAM OF ANKLE	No	\$	191.55	\$	31.98	\$	278.60	\$80.19	Per Unit
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Radiology Services	Hospital Outpatient	СРТ	73620	X-RAY EXAM OF FOOT	No	\$	196.24	\$	29.81	\$	262.21	\$79.55	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73630	X-Ray - Foot (outpatient)	No	\$	216.05	\$	33.95	\$	289.60	\$80.23	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73700	CT LOWER EXTREMITY W/O DYE	No	\$	1,231.00	\$	134.01	\$	1,400.92	\$150.06	Per Unit
Radiology Services	Hospital Outpatient	СРТ	73721	MRI - Knee (outpatient)	Yes	\$	1,224.32	\$	246.65	\$	1,828.36	\$276.48	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74018	X-Ray - Abdomen	No	\$	145.61	\$	28.31	\$	189.76	\$80.92	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74150	Ct abdomen w/o dye	No	\$	977.64	\$	142.38	\$	1,446.99	\$ 159.3 6	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74170	Ct abdomen w/o & w/dye	No	\$	1,824.18	\$	207.86	\$	2,144.29	\$232.83	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74177	CT Scan - Abdomen and Pelvis, with Contrast	No	\$	2,748.11	\$	286.79	\$	3,568.86	\$433.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74177	CT Scan - Abdomen and Pelvis, with Contrast	Yes	\$	2,748.11	\$	286.79	\$	3,568.86	\$433.70	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74220	X-ray xm esophagus 1cntrst	No	\$	394.10	\$	56.38	\$	563.71	\$193.66	Per Unit
Radiology Services	Hospital Outpatient	СРТ	74270	X-ray xm colon 1cntrst std	No	\$	521.72	\$	79.34	\$	578.01	\$215.08	Per Unit
Radiology Services	Hospital Outpatient	СРТ	75571	Ct hrt w/o dye w/ca test	No	\$	306.04	\$	59.00	\$	323.39	\$100.25	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	76536	Ultrasound - Head and Neck	No	\$	460.62	\$ 78.7	9\$	386.50	\$128.63	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76642	Ultrasound - Breast (outpatient)	No	\$	152.68	\$ 78.5	2 \$	249.30	\$105.16	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76700	Ultrasound - Abdominal, Complete	Yes	\$	361.43	\$ 91.6	9\$	433.80	\$140.93	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76705	Ultrasound - Abdominal, Limited	No	\$	327.93	\$ 46.0	5\$	372.20	\$129.71	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76770	US EXAM ABDO BACK WALL COMP	No	\$	456.58	\$ 76.5	4 \$	400.80	\$137.07	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76801	OB US < 14 WKS SINGLE FETUS	No	\$	391.57	\$ 86.6	5\$	396.27	\$149.69	Per Unit
				Ultrasound - Pregnancy								
Radiology Services	Hospital Outpatient	СРТ	76805	(outpatient)	Yes	\$	367.73	\$ 100.3	6 \$	437.10	\$149.69	Per Unit
											4	
Maternity/Delivery	Hospital Outpatient	СРТ	76811	OB US DETAILED SNGL FETUS	No	\$	522.04	\$ 198.6	5\$	587.50	\$303.13	Per Unit
								.			***	
Maternity/Delivery	Hospital Outpatient	СРТ	76815	OB US LIMITED FETUS(S)	No	\$	309.95	\$ 54.7	5\$	384.30	\$132.85	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76816	Ultrasound - Pregnancy Follow-Up	No	\$	406.54	\$ 64.3	7 \$	384.30	\$142.66	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76818	FETAL BIOPHYS PROFILE W/NST	No	\$	476.50	\$ 82.2	0\$	387.27	\$152.46	Per Unit
Maternity/Delivery	Hospital Outpatient	СРТ	76819	FETAL BIOPHYS PROFIL W/O NST	No	\$	407.39	\$ 97.4	4 \$	398.34	\$138.80	Per Unit

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Radiology Services	Hospital Outpatient	СРТ	76821	MIDDLE CEREBRAL ARTERY ECHO	No	\$	370.14	\$ 88.6) \$	391.69	\$135.12	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76830	Ultrasound - Transvaginal (non- maternity)	Yes	\$	475.43	\$ 98.63	3\$	463.90	\$134.94	Per Unit
Radiology Services	Hospital Outpatient	СРТ	76856	Ultrasound - Pelvic (outpatient)	No	\$	344.00	\$ 70.34	\$	408.50	\$134.62	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77065	Mammography of one breast	Yes	\$	546.40	\$ 107.5	7 \$	501.03	\$124.54	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77066	Mammography of both breasts	Yes	\$	383.79	\$ 135.8	1\$	629.70	\$156.97	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77067	Mammogram (outpatient)	Yes	\$	406.73	\$ 109.2	2 \$	504.02	\$126.94	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77080	Bone Density Scan (outpatient)	No	\$	247.25	\$ 56.2	\$	393.45	\$110.74	Per Unit
Radiology Services	Hospital Outpatient	СРТ	77081	Dxa bone density/peripheral	No	\$	116.84	\$ 33.8	\$	171.64	\$81.96	Per Unit
Radiology Services	Hospital Outpatient	СРТ	78452	Myocardial Imaging (outpatient)	No	\$	1,010.04	\$ 336.7	4 \$	2,091.45	\$1,224.96	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80048	Blood Test - Basic Metabolic Panel	Yes	\$	158.03	\$ 11.84	ı ş	221.33	\$16.92	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80053	Blood Test - Comprehensive Metabolic Panel	Yes	\$	93.73	\$ 14.7	3\$	136.89	\$21.12	Per Unit

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						N/A No	N/A No	N/A No	N/A No	
				Blood Test - Pregnancy (Obstetric)		Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80055	Panel	Yes	Volume	Volume	Volume	Volume	Per Unit
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				Blood Test - Cholesterol Test, Lipid						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80061		Yes	\$ 46.48	\$ 12.05	\$ 101.77	\$13.39	Per Unit
Laboratory & Fathology Scruces	nospital outpatient	CIT	00001		103	÷ +0.40	y 12.05	<i>y</i> 101.77	913.33	T CT Offic
				Pland Test Panal (Kidney)						
Laboratory & Dathalam Comisso	Upperited Outpetient	CDT	00000	Blood Test - Renal (Kidney)	N	ć 17.24	¢ 0.00	¢ 24.50	¢17.20	Day Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80069	Function Panel	Yes	\$ 17.24	\$ 8.68	\$ 34.59	\$17.36	Per Unit
				Blood Test - Hepatic (Liver)						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80076	Function Panel	Yes	\$ 146.77	\$ 11.44	\$ 205.84	\$16.34	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80307	Drug test prsmv chem anlyzr	No	\$ 128.65	\$ 55.93	\$ 199.53	\$62.14	Per Unit
						N/A No	N/A No	N/A No	N/A No	
						Service	Service	Service	Service	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81000	Urinalysis nonauto w/scope	Yes	Volume	Volume	Volume	Volume	Per Unit
				Urine Test - Automated with						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81001	Microscope Examination	Yes	\$ 23.46	\$ 4.44	\$ 34.47	\$6.34	Per Unit
		CIT	01001		103	Ŷ 20140	¥ 111	v o n n	4010 4	
Laboratory & Dathology Carriers	Hospital Outpatient	СРТ	91003	Using Test, Usinghusis, Maguel Test	Vec	\$ 7.24	\$ 2.67	\$ 14.00	\$3.48	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	81002	Urine Test - Urinalysis, Manual Test	Yes	ə 1.24	ə 2.67	ə 14.00	Ş 3.48	Per Unit
				Urine Test - Automated without				A	A	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81003	Microscope	Yes	\$ 10.40	\$ 3.16	\$ 11.25	\$4.50	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	81025	Urine Test - Pregnancy	No	\$ 40.87	\$ 10.45	\$ 58.29	\$17.22	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82247	Bilirubin total	No	\$ 41.02	\$ 4.52	\$ 55.22	\$5.02	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82306	Blood Test - Vitamin D-3 Level	No	\$ 188.74	\$ 26.64	\$ 254.08	\$29.60	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82330	Assay of calcium	No	\$ 35.11	\$ 12.31	\$ 67.00	\$13.68	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82330	Assay of calcium	INU	\$ 55.11	ə 12.51	\$ 07.00	\$13.00	Per Offic
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82375	Assay carboxyhb quant	No	\$ 114.13	\$ 11.09	\$ 153.64	\$12.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82465	Assay bld/serum cholesterol	No	\$ 15.28	\$ 3.92	\$ 23.76	\$4.35	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82550	Assay of ck (cpk)	No	\$ 12.70	\$ 5.86	\$ 35.53	\$6.51	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82552	Assay of cpk in blood	No	\$ 26.14	\$ 12.05	\$ 75.41	\$13.39	Per Unit
	hospital outputient		02002			V 20114	Ŷ 12.00	<i>v 75</i> .42	<i>Q</i> 10 .000	T CI OIIIC
Laboratory & Dathology Convices	Hespital Outpatient	СРТ	025.05	Access of creatining	No	\$ 124.50	\$ 7.17	\$ 70.25	\$10.24	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82505	Assay of creatinine	No	\$ 124.50	\$ 7.17	\$ 70.25	\$10.24	Per Unit
				Blood Test - Vitamin B-12						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82607	(Cyanocobalamin) Level	No	\$ 29.40	\$ 13.57	\$ 82.73	\$15.08	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82610	Cystatin c	No	\$ 140.40	\$ 14.17	\$ 405.00	\$18.52	Per Unit
		1								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82668	Assay of erythropoietin	No	\$ 36.68	\$ 16.91	\$ 99.20	\$18.79	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82670	Assay of estradiol	No	\$ 54.51	\$ 25.15	\$ 152.33	\$27.94	Per Unit
			52070			+ 0.001	+ 10.10			
Laboratory & Dathology Consistent	Hospital Outpatient	CDT	93603	Assay of athylana glycal	No	¢ 20.20	ć 13.44	ć 40.09	¢14.00	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82093	Assay of ethylene glycol	No	\$ 20.29	\$ 13.41	\$ 40.08	\$14.90	Per Unit
				Blood Test - Ferritin (Blood Protein)						
Laboratory & Pathology Services	Hospital Outpatient	CPT	82728	Level	No	\$ 33.53	\$ 19.09	\$ 96.63	\$27.26	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	92746	Blood Test - Folic Acid Level	No	\$ 37.	75	\$ 13.23	\$ 79.52	\$14.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	82740	Bioda Test - Polic Acia Level	INO	ş 57.	/5	\$ 15.25	\$ 79.52	\$14.70	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82803	Blood gases any combination	No	\$ 73.	40	\$ 20.17	\$ 106.16	\$26.07	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	82947	Assay glucose blood quant	No	\$ 34.	04	\$ 5.51	\$ 49.42	\$7.86	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	82962	Glucose blood test	No	\$ 45.	55	\$ 3.89	\$ 61.82	\$6.56	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83018	Heavy metal quant each nes	No	\$ 172.	97	\$ 19.76	\$ 498.96	\$21.96	Per Unit
			00010		110	φ 1/L		<i>y</i> 25070	÷ +50150	ÇL1.50	
				Blood Test - Blood Glucose Control							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83036		No	\$ 71.	27	\$ 8.74	\$ 95.94	\$9.71	Per Unit
		_									
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83088	Assay of histamine	No	\$ 75.	84	\$ 26.58	\$ 218.76	\$29.53	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	83518	Immunoassay dipstick	No	\$ 147.	09	\$ 6.55	\$ 424.29	\$9.64	Per Unit
Laboratory & Dathalam Camilers	Hernitel Outpatient	CDT	02540	Pland Test, Jron Level	N -	é ==		é 0.00	ć 75 77	612.04	Dor Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83540	Blood Test - Iron Level	No	\$ 51.	90	\$ 9.06	\$ 75.77	\$12.94	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83605	Assay of lactic acid	No	\$ 27.	44	\$ 10.41	\$ 58.05	\$11.57	Per Unit
						/-		. 101-11	+ 55.65	<i><i><i>q</i></i> 1 1 0 <i>7</i></i>	
				Blood Test - Lipase (fat enzyme)							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	83690		No	\$ 69.	47	\$ 6.20	\$ 93.51	\$6.89	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	83735	Assay of magnesium	No	\$ 53.	82	\$ 9.38	\$ 78.56	\$13.40	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	83880	Assay of natriuretic peptide	No	\$	172.55	\$ 35.33	\$ 232.27	\$39.26	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84100	Assay of phosphorus	No	\$	61.73	\$ 6.64	\$ 87.67	\$9.48	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	8/122	Assay of serum potassium	No	\$	43.23	\$ 6.66	\$ 62.65	\$9.52	Per Unit
Laboratory & Pathology Services		CFI	04152	Assay of serum potassium	NU	~	43.23	Ş 0.00	Ş 02.05	.J.JZ	reronit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84132	Assay of serum potassium	No	\$	43.23	\$ 6.66	\$ 62.65	\$9.52	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84144	Assay of progesterone	No	\$	52.59	\$ 18.77	\$ 96.68	\$20.86	Per Unit
				Blood Test - Prostate Specific							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84153	Antigen (PSA) Level	Yes	\$	74.21	\$ 25.75	\$ 116.68	\$36.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84154	PSA (prostate specific antigen)	Yes	\$	106.34	\$ 16.55	\$ 143.15	\$18.39	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	84182	Protein western blot test	No	\$	382.72	\$ 18.76	\$ 588.80	\$29.21	Per Unit
			0.102			· ·		- 20.70			
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84295	Assay of serum sodium	No	\$	42.10	\$ 4.33	\$ 56.67	\$4.81	Per Unit
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				Dised Test Thursday (Thursday							
Laboratory 0 Dati Jacob	Usersited Outward			Blood Test - Thyroxine (Thyroid				÷	A	60.00	Des Halt
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84439	Chemical) Level, Free	No	\$	66.21	\$ 8.12	\$ 89.13	\$9 .02	Per Unit
				Blood Test - Thyroid Stimulating							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	No	\$	64.07	\$ 23.52	\$ 119.09	\$33.60	Per Unit
				Blood Test - Thyroid Stimulating							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	84443	Hormone (TSH) Level	Yes	\$	64.07	\$ 23.52	\$ 119.09	\$33.60	Per Unit
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Laboratory & Pathology Services Hospi	oital Outpatient 0	СРТ	84480	Assay triiodothyronine (t3)	No	\$	96.31	\$ 12.76	\$ 129.65	\$14.18	Per Unit
Laboratory & Pathology Services Hospi	oital Outpatient 0	СРТ	84484	Assay of troponin quant	No	\$	81.70	\$ 10.26	\$ 121.45	\$12.47	Per Unit
Laboratory & Pathology Services Hospi	oital Outpatient 0	СРТ	84702	Chorionic gonadotropin test	No	\$	125.77	\$ 11.54	\$ 169.31	\$15.05	Per Unit
	-										
Laboratory & Pathology Services Hospi	oital Outpatient	СРТ	85014	Hematocrit	No	\$	26.95	\$ 2.13	\$ 36.27	\$2.37	Per Unit
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				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services Hospi	oital Outpatient	СРТ	85025	Count and Automated WBC	Yes	\$	77.98	\$ 10.88	\$ 112.06	\$15.54	Per Unit
			03023	count and Automated WBC	103	Ŷ	77.50	ý 10.00	Ş 112.00	Ş13.34	T CT Offic
				Blood Test - Complete Blood Cell							
Laboratory & Pathology Services Hospi	oital Outpatient	СРТ	85027	Count (Hemoglobin)	Yes	\$	60.79	\$ 5.82	\$ 81.83	\$6.47	Per Unit
Laboratory & Pathology Services hospi			03027		Tes	Ŷ	00.75	Ş <u> </u>	\$ 01.05	Ş0.47	reronit
Laboratory & Dathalam, Cardina Ulami	the LOutre et la st	- DT		Class for store still also di ata an		~	45.07	¢ 46.44	с о <u>с</u> сс	647.00	Day Unit
Laboratory & Pathology Services Hospi	bital Outpatient	CPT	85240	Clot factor viii ahg 1 stage	No	\$	45.97	\$ 16.11	\$ 95.56	\$17.90	Per Unit
										40.00	
Laboratory & Pathology Services Hospi	bital Outpatient	СРТ	85378	Fibrin degrade semiquant	No	\$	53.57	\$ 7.44	\$ 72.11	\$9.72	Per Unit
Laboratory & Pathology Services Hospi	bital Outpatient	СРТ	85610	Blood Test - Clotting Time	Yes	\$	44.81	\$ 6.01	\$ 64.27	\$8.58	Per Unit
Laboratory & Pathology Services Hospi	oital Outpatient	СРТ	85613	Russell viper venom diluted	No	\$	24.61	\$ 8.24	\$ 70.98	\$9.58	Per Unit
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Laboratory & Pathology Services Hospi	oital Outpatient	СРТ	85660	RBC SICKLE CELL TEST	No	\$	53.32	\$ 4.96	\$ 71.77	\$5.51	Per Unit
				Blood Test - Coagulation							
Laboratory & Pathology Services Hospi	oital Outpatient	СРТ	85730	Assessment	Yes	Ś	46.01	\$ 5.41	\$ 61.94	\$6.01	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	85732	Thromboplastin time partial	No	\$ 1	2.63	\$ 5.82	\$ 36.42	\$6.47	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86140	C-reactive protein	No	\$ 4	8.49	\$ 4.66	\$ 65.28	\$5.18	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86360	T cell absolute count/ratio	No	\$ 6	5.00	\$ 42.28	\$ 211.59	\$46.98	Per Unit
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Laboratory & Pathology Services	Hernital Outpatient	СРТ	86361	T cell absolute count	No	\$ 13	2.78	\$ 24.10	\$ 383.03	\$26.78	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	80301		NO	2 I2	2.70	\$ 24.10	\$ 565.05	\$20.78	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86431	Rheumatoid factor quant	No	\$5	2.70	\$ 5.10	\$ 70.95	\$5.67	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$ 3	7.81	\$ 3.84	\$ 50.90	\$4.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86592	Syphilis test non-trep qual	No	\$ 3	7.81	\$ 3.84	\$ 50.90	\$4.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86611	Bartonella antibody	No	\$5	7.37	\$ 9.16	\$ 165.50	\$10.18	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86615	Bordetella antibody	No	\$ 2	5.74	\$ 11.87	\$ 81.45	\$13.19	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86651	Encephalitis californ antbdy	No	\$ 2	5.74	\$ 11.87	\$ 110.13	\$13.19	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86652	Encephaltis east eqne anbdy	No	\$ 2	5.74	\$ 11.87	\$ 110.13	\$13.19	Per Unit
			00002				5+	- 11.07			
Laboratory & Dathalamy Convices	Hospital Outpatient	СРТ	96652	Enconhaltic st louis anthody	No	Ś 2	5.74	\$ 11.87	\$ 110.13	\$13.19	Por Unit
Laboratory & Pathology Services	Hospital Outpatient	CPI	00003	Encephaltis st louis antbody	NO	γ Z	3. 74	/٥.11 ڊ	ə 110.13	\$ 13 .13	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86654	Encephaltis west eqne antbdy	No	\$	25.74	\$ 11.87	\$ 110.13	\$13.19	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86663	Epstein-barr antibody	No	\$	25.60	\$ 11.81	\$ 83.21	\$13.12	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86677	Helicobacter pylori antibody	No	\$	30.68	\$ 15.13	\$ 63.03	\$16.85	Per Unit
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Laboratory & Pathology Services	Hospital Outpatient	СРТ	86692	Hepatitis delta agent antbdy	No	\$	29.16	\$ 15.44	\$ 50.98	\$17.16	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	96609	Histoplasma antibody	No	\$	79.65	\$ 12.41	\$ 107.23	\$13.79	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CFT	80038		NU	Ş	75.05	Ş 12.41	\$ 107.23	\$13.75	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86704	HEP B CORE ANTIBODY TOTAL	No	\$	86.11	\$ 10.85	\$ 115.92	\$12.05	Per Unit
			00704			*		+ 10.00	+	+	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86705	HEP B CORE ANTIBODY IGM	No	\$	22.98	\$ 10.59	\$ 57.38	\$11.77	Per Unit
										-	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86706	HEP B SURFACE ANTIBODY	No	\$	98.98	\$ 9.67	\$ 133.25	\$10.74	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86707	Hepatitis be antibody	No	\$	22.56	\$ 10.41	\$ 65.09	\$11.57	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86708	Hepatitis a antibody	No	\$	22.71	\$ 11.15	\$ 56.71	\$12.39	Per Unit
						<u>^</u>		A A A A A A	A		
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86762	Rubella antibody	No	\$	78.19	\$ 12.95	\$ 225.56	\$14.39	Per Unit
Laboratory & Dathalamy Card	Upperitel Outpetient	CDT	00707	Dubaala antika du	N -	~	25.44	¢ 44.50	ć 70.50	¢12.00	Devilait
Laboratory & Pathology Services	Hospital Outpatient	СРТ	80/65	Rubeola antibody	No	\$	25.14	\$ 11.59	\$ 72.53	\$12.88	Per Unit

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				86769 - SARS-COV-2 COVID-19						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86769	ANTIBODY	No	\$ 51.48	\$-	\$ 112.07	\$42.13	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	86790	Virus antibody nos	No	\$ 25.14	\$ 11.59	\$ 76.53	\$12.88	Per Unit
				Blood Test - Hepatitis C Antibody						
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86803	Level	No	\$ 67.64	\$ 12.84	\$ 91.06	\$14.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86804	Hep c ab test confirm	No	\$ 23.09	\$ 13.94	\$ 66.62	\$15.49	Per Unit
Laboratory & Dathalamy Comisso	Upperited Outpetient	CDT	00050	Dhe entitle du seve en	No	ć 20.22	¢ 5.00	¢	¢44.61	Devilait
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86850	Rbc antibody screen	No	\$ 20.32	\$ 5.00	\$ 66.92	\$44.61	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86885	Coombs test indirect qual	No	\$ 244.72	\$ 5.65	\$ 329.43	\$129.41	Per Unit
			00000		110	y L +11/L	<i>ф</i> 5.05	Ç 525145	ÇILSI'II	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$98.32	Per Unit
						+	,	+		
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86900	Blood typing serologic abo	No	\$ 198.99	\$ 3.78	\$ 267.88	\$98.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$30.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86901	Blood typing serologic rh(d)	No	\$ 60.24	\$ 3.78	\$ 81.10	\$30.15	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	86902	BLOOD TYPE ANTIGEN DONOR EA	No	\$ 5.82	\$ 4.84	\$ 383.37	\$255.58	Per Unit
									4	
Laboratory & Pathology Services	Hospital Outpatient	CPT	869 20	COMPATIBILITY TEST SPIN	No	\$ 244.72	\$ 13.44	\$ 344.22	\$129.41	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87040	Blood culture for bacteria	No	\$	133.90	\$ 9.29	\$	180.25	\$10.32	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87070	Bacterial Culture - Swab	No	\$	138.63	\$ 7.76	\$	186.61	\$8.62	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87077	Bacterial Culture - Aerobic Isolates	No	\$	60.43	\$ 7.27	\$	81.35	\$8.08	Per Unit
				Test for Disease-Causing								
				(Pathogenic) Organisms, Not								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87081	Limited to a Specific Condition	No	\$	81.17	\$ 5.97	\$	109.26	\$6.63	Per Unit
				-								
				Urine Test - Bacterial Culture,								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87086	Quantitative Colony Count	No	\$	82.16	\$ 7.26	\$	110.60	\$8.07	Per Unit
		-										
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87088	Urine Test - Bacterial Culture	No	\$	15.80	\$ 7.28	Ś	43.86	\$8.09	Per Unit
			0.000			Ŧ		•	•		,	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87110	Chlamydia culture	No	\$	130.74	\$ 17.64	Ś	175.99	\$19.60	Per Unit
Laboratory & Fathology Services			07110		NU	Ŷ	130.74	Ş 17.04	Ŷ	175.55	Ş13.00	
				Evaluation of Antimicrobial Drug								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	97196	(antibiotic, antifungal, antiviral)	No	\$	69.16	\$ 7.79	Ś	93.10	\$8.65	Per Unit
Laboratory & Pathology Services		CFT	07100	(antibiotic, antifungal, antivital)	NU	?	05.10	\$ 1.15	ş	55.10	30.05	Per Offic
Laboratory & Pathology Convises	Hospital Outpatient	CDT	97305	Lab Tost Smoor for Microorganiam	Ne	\$	49.93	\$ 3.84	Ś	67.21	\$4.27	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87205	Lab Test - Smear for Microorganism	No	2	49.93	\$ 3.84	2	0/.21	34.2 /	rerunit
				Lab Test. Detection test for								
Laboratory & Dathalary Card	Upperitel Outpetient	CDT	07040	Lab Test - Detection test for		~	C2 - F -	ć 0.00	~	05.55	¢10.22	Dev Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87340	Hepatitis B Surface Antigen	No	\$	63.55	\$ 9.30	\$	85.55	\$10.33	Per Unit
				Lab Test - Detection test for HIV-1								
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87389	and HIV-2	No	\$	110.43	\$ 21.67	\$	148.66	\$24.08	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	CPT	87425	Rotavirus ag ia	No	\$	37.44	\$ 10.78	\$	108.00	\$11.98	Per Unit

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Laboratory & Pathology Services	Hospital Outpatient	СРТ	87491	Urine Test - Chlamydia	No	\$ 108	.43	\$ 31.58	\$ 171.03	\$35.09	Per Unit
			07451			φ 100		<i>v</i> 51.56	<i> </i>	<i>400.00</i>	
				Urine Test - Gonorrhoeae							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87591		No	\$ 90	.13	\$ 31.58	\$ 171.03	\$35.09	Per Unit
			0.001			φ 50		<i>v</i> 01.00	<i> </i>	<i>400.00</i>	
				87635 - SARS-COV-2 COVID-19							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87635	AMP PRB	No	\$ 53	.36	s -	\$ 136.48	\$51.31	Per Unit
			0/035			φ 55		Ŷ	÷ 100140		
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87798	Detect agent nos dna amp	No	\$ 90	.13	\$ 31.58	\$ 171.03	\$35.09	Per Unit
Laboratory & Latiology Scivices			07750	beteet agent nos una amp	NO	<i>Ş</i> 50	.15	9 31.30	<i>y</i> 171.03	<i>333.03</i>	
				Lab Test - Detection test for							
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87804	Influenza Virus	No	\$ 37	.58	\$ 19.82	\$ 70.50	\$33.10	Per Unit
Laboratory & Fathology Services			07004			<i>y 3</i>	.50	ý 15.02	<i>y</i> 70.50	\$55.10	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	87880	Strep Test (Streptococcus, group A)	No	\$ 101	.56	\$ 19.87	\$ 143.48	\$33.06	Per Unit
			07000	Shep rest (sheptocodds) group Ay		V 101		y 15.07	÷ 140/40	\$35.00	
Laboratory & Pathology Services	Hospital Outpatient	СРТ	88185	Flowcytometry/tc add-on	No	\$ 68	.81	s -	\$ 120.30	\$20.07	Per Unit
			00105			φ 00		Ŷ	÷ 120100	<i>Q</i> 20107	
				Immunization Administration First							
Vaccinations	Physician Office	СРТ	90460	Component	No	\$ 40	.10	\$ 11.68	\$ 75.93	\$13.44	Per Unit
						¥		+	+ 10.00	+	
				Immunization Administration Each							
Vaccinations	Physician Office	СРТ	90461	Additional Component	No	\$ 25	.13	\$ 10.49	\$ 38.51	\$12.07	Per Unit
							-				
Vaccinations	Hospital Outpatient	СРТ	90471	Immunization Administration	No	\$ 44	.49	\$ 7.02	\$ 81.80	\$67.97	Per Unit
							-				
				Immunization Administration Each							
Vaccinations	Hospital Outpatient	СРТ	90472	Additional Component	No	\$ 12	.56	š -	\$ 38.51	\$24.14	Per Unit
	and the second sec					,				+	
Vaccinations	Hospital Outpatient	СРТ	90651	9V HPV Vaccine 2/3 Dose	No	\$ 142	.32	\$ 9.56	\$ 227.93	\$0.00	Per Unit
vaccinacions	nospital Outpatient	CF I	30031		NU	Y 142	.32	y 5.50	y 227.33	20.00	1 Cr Onic

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Versingtion	Upprited Outpotions	CDT	00070	Vaccine - Pneumococcal Conjugate	N.	\$ 285.59	\$ 9.56	\$ 345.21	\$230.14	Devilait
Vaccination	Hospital Outpatient	СРТ	90670	for Injection into Muscle Vaccine - Tetanus, Diptheria	No	\$ 265.59	\$ 9.50	\$ 545.21	\$250.14	Per Unit
				Toxoids, and Acellular Pertussis						
				(Whooping Cough) for Injection						
Vaccination	Hospital Outpatient	СРТ	90715	into Muscle	No	\$ 57.74	\$-	\$ 77.73	\$34.28	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90791	Psychiatric Diagnostic Evaluation	No	\$ 308.81	\$ 118.93	\$ 198.74	\$124.21	Per Unit
Evaluation & Management Services	Professional Services	СРТ	00922	Psychotherapy - 30 Minutes	Yes	\$ 88.03	\$ 57.92	\$ 99.25	\$62.03	Per Unit
Evaluation & Management Services		CFT	50852	r sychotherapy - 30 Windtes	Tes	\$ 88.03	\$ 57.52	Ş 55.25	JU2.03	reronic
Evaluation & Management Services	Professional Services	СРТ	90834	Psychotherapy - 45 Minutes	Yes	\$ 116.77	\$ 77.37	\$ 132.34	\$82.71	Per Unit
Evaluation & Management Services	Professional Services	СРТ	90837	Psychotherapy - 60 Minutes	Yes	\$ 174.90	\$ 116.00		\$123.89	Per Unit
						N/A No Service		N/A No Service	N/A No Service	
Evaluation & Management Services	Professional Services	СРТ	90846	Family psytx w/o pt 50 min	Yes	Volume	\$ -	Volume	Volume	Per Unit
			50040		103		T	v olume	, or drifte	
Evaluation & Management Services	Professional Services	СРТ	90847	Psychotherapy - Family Session	Yes	\$ 146.15	\$ 97.13	\$ 166.18	\$103.86	Per Unit
						N/A No		N/A No	N/A No	
						Service		Service	Service	
Evaluation & Management Services	Protessional Services	СРТ	90853	Psychotherapy - Group Session	Yes	Volume	\$-	Volume	Volume	Per Unit
Medicine Speech Therapy	Hospital Outpatient	СРТ	92507	SPEECH/HEARING THERAPY	No	\$ 52.00	\$ 17.40	\$ 251.43	\$76.97	Per Unit
ficationic opecial metapy		GET	52507		NU	y 52.00	y 17.40	÷ 251.45	<i>910.31</i>	
				Electrocardiogram, routine, with						
Medicine Cardiovascular	Professional Services	СРТ	93000	interpretation and report	Yes	\$ 36.27	\$ 28.12	\$ 95.52	\$15.89	Per Unit
Medicine Other	Hospital Outpatient	CPT	93005	Electrocardiogram (ECG or EKG)	No	\$ 142.29	\$-	\$ 295.26	\$57.24	Per Unit

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Medicine Cardiac Stress Test	Hospital Outpatient	СРТ	93017	CARDIOVASCULAR STRESS TEST	No	\$	471.40	\$	61.00	\$	634.57	\$228.24	Per Unit
Medicine Other	Hospital Outpatient	СРТ	93306	Tte w/doppler complete	No	\$	1,404.83	\$	322.26	\$	1,593.05	\$506.50	Per Unit
				Insertion of catheter into left heart									
Hospital Outpatient Procedure	Hospital Outpatient	СРТ	93452	for diagnosis	Yes	\$	8,847.45	\$	579.93	Ś	12,920.92	\$2,797.49	Case Rate
Medicine Other	Hospital Outpatient	СРТ	93971	Extremity study	No	\$	240.64	\$	92.64	\$	400.67	\$122.72	Per Unit
Medicine Other	Hospital Outpatient	СРТ	95044	Allergy patch tests	No	Ś	189.82	¢	_	Ś	1,229.53	\$819.69	Per Unit
	Hospital Outpatient	CPT	33044	Allergy patch tests	NO		V/A No		- I/A No	Ş	N/A No	N/A No	Per Unit
Medicine Neurology and							Service		ervice		Service	Service	
Neuromuscular	Hospital Outpatient	СРТ	95810	Sleep study	Yes	v	/olume	v	olume		Volume	Volume	Per Unit
Injections	Hospital Outpatient	СРТ	96402	Chemo hormon antineopl sq/im	No	\$	110.26	Ş	66.86	\$	196.20	\$83.77	Case Rate
Medicine Physical Medicine and				Physical Therapy - Manual Electrical Stimulation Therapy, 15									
Rehabilitation	Hospital Outpatient	СРТ	97032	minutes	No	\$	31.26	Ś	12.56	Ś	59.90	\$14.39	Per Unit
Medicine Physical Medicine and				Physical Therapy - Ultrasound									
Rehabilitation	Hospital Outpatient	СРТ	97035	Therapy	No	\$	26.92	\$	11.95	\$	40.29	\$13.91	Per Unit
Medicine Physical Medicine and				Physical Therapy - Therapeutic									
Rehabilitation	Hospital Outpatient	СРТ	97110	Exercises	Yes	Ś	88.74	Ś	17.40	Ś	119.46	\$29.56	Per Unit
			57110			-	50.74	Ť		-	-10.40	+-0100	
Medicine Physical Medicine and				Physical Therapy - Neuromuscular									
Rehabilitation	Hospital Outpatient	СРТ	97112	Reeducation	No	\$	69.93	\$	26.14	\$	104.78	\$33.95	Per Unit
Medicine Physical Medicine and	Heavitel Outpetient	COT	07446				77.64		22.00		104.40	620.22	Des Unit
Rehabilitation	Hospital Outpatient	CPT	97116	GAIT TRAINING THERAPY	No	\$	77.61	\$	22.90	\$	104.48	\$29.23	Per Unit

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Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97140	Physical Therapy - Manual Therapy	No	\$	56.20	\$	23.73	\$	93.92	\$27.22	Per Unit
						-				-			
Medicine Physical Medicine and				Physical Therapy - Low Complexity									
Rehabilitation	Hospital Outpatient	СРТ	97161	Evaluation	No	\$	168.06	\$	71.97	\$	252.78	\$82.43	Per Unit
Medicine Physical Medicine and				Physical Therapy - Moderate									
Rehabilitation	Hospital Outpatient	СРТ	97162	Complexity Evaluation	No	\$	62.40	\$	71.97	\$	252.78	\$82.43	Per Unit
Medicine Physical Medicine and				Physical Therapy - High Complexity									
Rehabilitation	Hospital Outpatient	СРТ	97163	Evaluation	No	\$	168.06	\$	71.97	\$	252.78	\$82.43	Per Unit
Medicine Physical Medicine and													
Rehabilitation	Hospital Outpatient	СРТ	97164	Physical Therapy - Re-Evaluation	No	\$	113.34	Ş	48.67	\$	170.97	\$56.43	Per Unit
Medicine Occupational Therapy	Hospital Outpatient	СРТ	07165	OT EVAL LOW COMPLEX 30 MIN	No	\$	180.88	ć	77.05	Ś	245.32	\$87.28	Per Unit
Wedicine Occupational merapy	nospital outpatient	CFT	57105	OT EVAL LOW COMPLEX SUMMY	NU	Ŷ	100.00	Ŷ	77.05	Ŷ	243.32	307.20	rei onit
Medicine Occupational Therapy	Hospital Outpatient	СРТ	97166	OT EVAL MOD COMPLEX 45 MIN	No	\$	62.40	Ś	72.00	\$	245.32	\$86.96	Per Unit
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Medicine Physical Medicine and				Physical Therapy - Therapeutic									
Rehabilitation	Hospital Outpatient	СРТ	97530	Activities	No	\$	92.45	\$	17.40	\$	124.45	\$37.61	Per Unit
Medicine Physical Medicine and				Physical Therapy - Self-care or									
Rehabilitation	Hospital Outpatient	СРТ	97535	Home Management Training	No	\$	68.89	\$	-	\$	109.03	\$32.79	Per Unit
												40	
Evaluation & Management Services	Protessional Services	СРТ	99024	Postop follow-up visit	No	\$	-	\$	-	\$	14.27	\$0.00	Per Unit
Fundantion 8 Management Comission	Durafassianal Compises	CDT	00202	Office Main New Petient Miner	Ne	~	107.02	~	00.24	~	200.00	¢48.40	Dev Unit
Evaluation & Management Services	Professional Services	CPT	99202	Office Visit - New Patient, Minor	No	\$	167.93	\$	90.34	\$	200.08	\$48.49	Per Unit

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				Office Visit - New Patient, Low							
Evaluation & Management Services	Professional Services	СРТ	99203	Complexity	Yes	\$ 18	2.06	\$ 132.54	\$ 273.99	\$72.73	Per Unit
				Office Visit - New Patient,							
Evaluation & Management Services	Professional Services	СРТ	99204	Moderate Complexity	Yes	\$ 25	0.69	\$ 177.01	\$ 432.49	\$124.44	Per Unit
				New patient office of other							
Evaluation & Management Services	Professional Services	СРТ	99205	outpatient visit, typically 60 min	Yes	\$ 44	8.04	\$ 156.38	\$ 553.76	\$162.60	Per Unit
									-		
Evaluation & Management Services	Professional Services	СРТ	99212	Office Visit - Basic	No	\$ 5	8.74	\$ 46.41	\$ 133.24	\$24.72	Per Unit
						· ·		•	7		
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	СРТ	00212	Low Complexity	No	\$ 9	9.67	\$ 81.71	\$ 201.59	\$49.43	Per Unit
Evaluation & Wanagement Services	Professional Services	CFI	33213	Low complexity	NU	Ş 9	9.07	Ş 01.71	\$ 201.35	345.45	reronit
				Office Visit Established Patient							
Evolution 8 Management Convince	Duefessional Comisso	CDT	00214	Office Visit - Established Patient,		\$ 15	1.19	Ś 140.90	\$ 279.47	\$76.23	Per Unit
Evaluation & Management Services	Professional Services	СРТ	33214	Moderate Complexity	No	\$ 15	1.19	\$ 140.90	\$ 2/9.4/	\$70.25	Per Unit
				Office Visit - Established Patient,							
Evaluation & Management Services	Professional Services	СРТ	99215	High Complexity	No	\$ 31	5.87	\$ 192.33	\$ 385.34	\$107.72	Per Unit
Professional Services Associated											
with Inpatient Stay	Professional Services	СРТ	99232	Subsequent hospital care	No	\$ 15	9.88	\$ 50.60	\$ 111.92	\$69.95	Per Unit
				Patient office consultation,							
Evaluation & Management Services	Professional Services	СРТ	99243	typically 40 min	Yes	\$ 21	2.43	\$-	\$ 142.18	\$0.00	Per Unit
				Patient office consultation,							
Evaluation & Management Services	Professional Services	СРТ	99244	typically 60 min	Yes	\$ 33	8.80	\$-	\$ 226.38	\$0.00	Per Unit
				Emergency Department Visit -							
Emergency Room Visit	Hospital Outpatient	СРТ	99281	Minor (outpatient)	No	\$ 23	0.81	\$ 74.98	\$ 689.88	\$85.57	Case Rate
- •	•									-	
				Emergency Department Visit - Low							
Emergency Room Visit	Hospital Outpatient	СРТ	99282	Complexity (outpatient)	No	Ś 43	0.38	\$ 93.52	\$ 1,114.22	\$201.14	Case Rate
Berrey Room wish			33202	complexity (outputient)		J	2.30	- JJ.JZ	T 1/117.22	4501114	case nate

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Service CategoryService SettingTypeCodeDescriptionService?Cash PriceChargeChargeChargeChargeEmergency Room VisitHospital OutpatientCPT99283Moderate Complexity (outpatient)No\$ 932.99\$ 182.62\$ 2,714.83\$28Emergency Room VisitHospital OutpatientCPT99284Emergency Department Visit - Higher Complexity (outpatient)No\$ 2,400.69\$ 270.43\$ 4,475.48\$43	3.93 Case Rate
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Emergency Room Visit Hospital Outpatient CPT 99283 Moderate Complexity (outpatient) No \$ 932.99 \$ 182.62 \$ 2,714.83 \$28 Emergency Room Visit Hospital Outpatient CPT 99284 Emergency Department Visit - Higher Complexity (outpatient) No \$ 2,400.69 \$ 270.43 \$ 4,475.48 \$ 43	
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Emergency Department Visit - High	
Emergency Room Visit Hospital Outpatient CPT 99285 Complexity (outpatient) No \$ 3,149.91 \$ 458.20 \$ 5,806.95 \$1,2'	9.05 Case Rate
Emergency Department Visit -	
Emergency Room Visit Hospital Outpatient CPT 99291 Critical Care (outpatient) No \$ 17,860.61 \$ 425.50 \$ 6,308.07 \$1,72	3.05 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 CPT 99382 4 Years Old No \$ 163.82 \$ - \$ 236.91 \$0	00 Per Unit
Office Visit - Comprehensive	
Preventive Medicine Evaluation	
and Management, New Patient, 5-	
Evaluation & Management Services Professional Services CPT 99383 11 Years Old No \$ 170.96 \$ - \$ 413.46 \$0	00 Per Unit
Office Visit - Comprehensive	
Preventive Medicine Evaluation	
and Management, New Patient, 12-	
Evaluation & Management Services Professional Services 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 \$66	.65 Per Unit
Office Visit - Comprehensive	
Preventive Medicine Evaluation	
and Management, New Patient, 40-	
Evaluation & Management Services Professional Services CPT 99386 64 Years Old Yes \$ 217.32 \$ 91.72 \$ 1,293.56 \$91	.72 Per Unit

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Service Category	Service Setting	Туре	Code	Description	Service?	Cash Price	Charge	Charge	Charge	Estimate Type
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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	\$ -	\$ 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
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				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ	99393	and Management, 5-11 Years Old	No	\$ 150.44	š -	\$ 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	\$ -	\$ 398.57	\$0.00	Per Unit
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				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ	99395	and Management, 18-39 Years Old	No	\$ 168.81	\$ 37.07	\$ 304.60	\$37.07	Per Unit
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				Office Visit - Comprehensive						
				Preventive Medicine Reevaluation						
Evaluation & Management Services	Professional Services	СРТ	99396	and Management, 40-64 Years Old	No	\$ 180.12	\$ 64.57	\$ 429.79	\$64.57	Per Unit
Exablate	Hospital Outpatient	СРТ	0398T	Focused Ultrasound	No	\$ 32,139.56	\$ 11,272.90	\$ 11,272.90	\$11,272.90	Case Rate
Vaccinations	Hospital Outpatient	СРТ	G0008	Admin influenza virus vaccine	No	\$ 70.15	\$ -	\$ 126.95	\$46.26	Per Unit
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To Search for a service Click "CTRL" + "F"										
Service Category	Service Setting	Code Type	Code	Description	<u>CMS</u> <u>Required</u> <u>Shoppable</u> <u>Service?</u>	Discounted Cash Price	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge	Payer- Specific Negotiated Charge	_Estimate Type
Vaccinations	Hospital Outpatient	СРТ	G0009	Admin pneumococcal vaccine	No	\$ 27.43	\$-	\$-	\$49.34	Per Unit
Medicine Hyberbaric	Hospital Outpatient	СРТ	G0277	Hbot, full body chamber, 30m	No	\$ 773.99	\$ 46.24	\$ 1,424.46	\$247.42	Per Unit
Hospital Observation Per Hour	Hospital Outpatient	СРТ	G0378	Hospital observation per hr	No	\$ 15,685.71	\$ 605.00	\$ 24,131.86	\$2,167.25	Per Unit
Evaluation & Management Services	Hospital Outpatient	СРТ	G0463	Hospital outpt clinic visit	No	\$ 130.00	\$ 74.02	\$ 200.00	\$104.55	Per Unit
Laboratory & Pathology Services	Hospital Outpatient	СРТ	G0480	Drug test def 1-7 classes	No	\$ 476.03	\$ -	\$ 732.35	\$114.43	Per Unit
Injections	Hospital Outpatient	HCPCS	J1071	Inj testosterone cypionate	No	\$ 0.22	\$ 0.03	\$ 0.34	\$0.03	Per Unit
Injections	Hospital Outpatient	HCPCS	J1815	Insulin injection	No	\$ 2.13	\$ 0.78	\$ 3.27	\$0.87	Per Unit
Injections	Hospital Outpatient	HCPCS	J7325	Synvisc or synvisc-one	No	\$ 26.95	\$-	\$ 89.11	\$10.22	Per Unit
Injections	Hospital Outpatient	СРТ	J9217	Eligard	No	\$ 2,818.54	\$ -	\$ 4,336.21	\$224.45	Per Unit